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LEADERSHIP IN A TEACHING HOSPITAL:

THE VALUES OF THE CHIEF EXECUTIVE OFFICER

BY

BARBARA J. PRICE

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND
RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF HEALTH SERVICES ADMINISTRATION

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Leadership in a Teaching Hospital: The Values of the Chief Executive Officer" submitted by Barbara J. Price in partial fulfillment of the requirements for the degree of Master of Health Services Administration.

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Dr. K. Bay

Date: September 15, 1995

This thesis is dedicated to the memory of my parents,

Graham and Margaret Campbell, whose loving and honorable

lives live on in this work.

ABSTRACT

Leadership in a Teaching Hospital: The Values of the Chief Executive Officer examined the extent to which the values held by the Chief Executive Officer (CEO) contributed to his leadership. The Values Leadership Model (Fairholm, 1991) served as an heuristic guide for data collection and analysis in this interpretive case study. The five part model includes fifteen values: caring, excellence, stewardship, life, liberty, justice, unity, happiness, quality service, innovation, team approaches, teaching, "counciling", autonomy and productivity. Data gathered from interviews with the CEO (three), Hospital staff (nine), and CEO peers (four) were supplemented with information obtained from limited observation sessions (ten) and relevant documents.

The major finding of the study, expressed as a working hypothesis, was that the personal values held by the CEO contributed significantly to his everyday leadership activities. There was ample and consistent evidence from the perspectives of the CEO, respondents, and researcher that the values of excellence, stewardship, respect for life, quality service, innovation, teaching, counciling and productivity were "living" in the CEO's leadership activities. While evidence was provided for the values of caring, liberty, justice, unity, happiness, team approaches and autonomy, some of it was contradictory or limited. Despite such evidence, all of the respondents accepted the CEO's leadership limitations because of his extraordinary commitment to learning and self development.

The thesis concludes with the author's views on how the study could contribute to a heightened awareness of our individual values and the way in which such values could be incorporated into everyday leadership activities.

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CHAPTER I

Introduction

Purpose of the Study

Chief Executive Officers (CEOs) of hospitals are leaders of organizations which have been described as the most complex ever developed (Drucker, 1979). The complexity is partly defined by the many professional groups within a hospital, all espousing the professional values of autonomy and distinction, and all competing for increasingly scarce resources. In addition, hospital CEOs are required to apply the business principles of efficiency and effectiveness to organizations whose values of charity and giving are rooted in their role as keepers of the sick. Conflicts inevitably arise, and are exacerbated by the erosion of public confidence in business practices and the increasing ambiguity in distinguishing between right and wrong in decision making. This point is illustrated when one considers the difficulty that arises when a CEO is faced with a choice between balancing the budget and offering a costly medical procedure or drug that has restorative potential.

All of this calls for extraordinary value sensitivity on the part of the hospital leaders, yet research studies which focus on hospital CEO values and leadership are conspicuously absent in health services administration literature. This study explored the nature of individual values espoused and enacted by a hospital CEO, and searched for the expression and influence of those values in the CEO's everyday work experience as a leader. The power of personal values to select, filter and influence interpretation of what one sees and hears is well known in common experience and in the scientific study of behavior (England, 1967).

Personal values are the focus of the study, as distinguished from organizational values. The emphasis is on individual initiative and personal responsibility rather than organizational mission and goals. Recognizing that there may be a relationship between personal and organization values, the study attempts to discern that relationship.

The study was conducted using an interpretive research methodology. This methodology seeks to understand the nature or meaning of things and stresses the importance of hearing from people about the motive, intention, or meaning for particular actions or utterances (Weber, 1947).

The study is directed toward increasing awareness and understanding of the place of individual values in hospital CEO leadership. An understanding of these values will contribute to more effective leadership practices in hospitals. In addition, universities providing programs in health services administration may be persuaded to incorporate courses on values into curricula. Students would then have an opportunity to seriously re-evaluate their views about themselves and their world.

The thesis is presented in the following sections: this introduction including the purpose of the study and a statement of the problem; the background and significance of the problem; a literature review which focuses on the development of leadership theory and the relationship between leadership and values; the study design and methodology including data collection and analysis; the presentation of the case study; the analysis and interpretation; and, finally, the conclusions and recommendations.

Statement of the Problem

The purpose of the study was to find some tentative answers to the following question:

- *To what extent do the values held by the hospital CEO contribute to his leadership?*

A number of more specific questions served as guidelines to the development of the study and the analysis of the data. These questions are as follows:

- *What are the sources of the CEO's values?*
- *What values are considered by himself and others to be the most important in his role as leader?*
- *What process is used to incorporate the values into his actions as a leader?*
- *In situations where values conflict, how does the hospital CEO "know" what to do?*
- *What factors or forces are currently acting to constrain or support the application of values?*
- *From the point of view of the CEO, and key staff members and peers, how successfully does the CEO incorporate his values into everyday leadership activities?*
- *What inferences can be drawn with respect to the nature of the relationship between the values held by the CEO and his leadership?*

Although these questions served to define the limits of the study, the design allowed for the addition of other questions during the initial stages of data collection.

Definition of Terms

The following terms warrant explicit definition to ensure consistency in usage throughout the study:

- *Leadership:* an exercise of influence resulting in enthusiastic commitment by followers (Yukl, 1989).

- *Values:* an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence (Rokeach, 1973, p.5).

Leadership was operationally defined through the chief executive's actions as they related to inspiring a shared vision, modeling the shared vision, encouraging innovativeness, supporting employees' efforts, and allowing employee influence in decision-making.

Values were operationally defined through statements or phrases which included the words "ought, should, would, could have, like to, important, good, have to" and so on. Values may be inferred from statements of opinions, attitudes, preferences, desires, fears, action, and decisions.

Delimitations and Limitations

1. The study was delimited to an examination of a single leader in one urban hospital. An associated limitation is that the extent to which the findings of the study apply to other settings can only be judged by researchers and practitioners in those settings.
2. The study was delimited to the administrative level of chief executive officer. This limits the extent to which the findings of the study apply to other staff levels in the organization.

3. Data were collected over a three month period (April, 1993 to June, 1993). This limits the certainty with which findings can be applied at other points in time.
4. This study focuses on only a small sample of leadership activity. This limits the ability to make inferences with respect to the general nature of leadership.

Assumptions

The assumptions supporting this study are as follows:

1. Values can be discerned by listening and by observing behavior.
2. Informants will tell the researcher what they truly believe.
3. The chief executive officer is a leader.
4. Values are embedded in leadership.
5. Understanding the significance of values enables us to be better persons, to behave more effectively and to be more successful.
6. People need to find meaning in life through their work (Badaracco, 1989).

CHAPTER II

Background and Significance

This section of the thesis provides personal background information describing how the research question arose. It also provides practical and theoretical support for the significance of the study.

Background

Over twenty years ago, the researcher was a young altruistic nurse in a large urban teaching hospital. The work environment was undeniably challenging and exciting, and was supported by what the researcher assumed to be common values among all staff. The subject of this study would not be of interest today had the assumption been correct. There were significant differences in values that resulted in conflict, frustration, and disappointment. Interestingly, value conflicts were not always directly associated with care of the patients; they were often related to management practices and decisions. For example, a proposal for a new nursing specialty program was deceptively submitted to the hospital executive. The original author's name was deleted and replaced with that of another who wished to gain recognition for the work.

The role that individual values play in leadership took on increasing importance over the years for two notable reasons. First, there were leaders whose exemplary behavior confirmed the researcher's own value base and provided incentive for significant personal and professional development. The researcher reasoned that a leader's values can have a significant impact on the personal and professional life of the staff in an organization.

Second, having experienced a variety of positions within the hospital, both in education and administration, the researcher developed an appreciation for the complexity of the hospital environment and the variety of perspectives that inform decisions made by hospital CEOs. It became obvious that leading, while challenging, is difficult in the environment of a large teaching hospital.

The importance of values and leadership was confirmed recently when the current CEO of this same hospital stated that the three most important issues in leadership today are honesty, integrity, and sincerity.

The question about the role of values in leadership has been lurking in the researcher's background for over twenty years. The researcher has written several papers on leadership and has given oral presentations on the subject. It seemed only natural to proceed with a research project on values and leadership.

Significance

This study has both practical and theoretical significance. Consequently, the results should be of interest to those employed in hospital administration, to those who conduct research on values and leadership, and to those who teach health services administration. The intent is to make a practical and positive contribution to the lives of others.

Practical Significance

The practical significance of the study focuses on three issues: the call from the health care field for a type of leadership which differs significantly from the current model; the lament regarding the dichotomy between business practice and the value laden principles upon which hospitals were developed; and the concern over an increasingly turbulent health care environment. The need for a higher level of leadership pervades the literature.

The health services administration literature is replete with appeals for higher order or value centered leadership from hospital executives. They come from executives currently practicing in health care settings (Beckman, 1991; Hassen, 1992; Prezanno, 1992) and professors from graduate programs in health services administration (Filerman, 1991; Kinzer, 1986; Levey, 1992).

As a senior executive in a Canadian hospital consortium, Harrison (1987) asserts that health care executives are involved in a manifestly important and nearly impossible challenge and so must subscribe to the ageless counsel to "know thyself"; self understanding is the core of one's management philosophy. In this way the honesty, fairness, and integrity espoused in mission statements become *living* standards. Hassen (1992), the CEO of a Canadian hospital, states that leadership is: having a guiding vision; passion, love and a deep sense of caring; integrity; curiosity and daring; in other words, transforming leadership. He believes this is the kind of leadership required of health care executives today to cope with the radical changes in the delivery of services, and to develop a creative adaptable work environment. Having studied some of America's most successful hospitals, Beckman (1991) concludes that they are not built with mortar, but with people glued together by common values who are motivated by *someone* who has "reached inside them and flicked a switch that matters" (p.35). One final author, a professor in a graduate program in hospital and health administration, argues for a revitalized leadership gestalt which would heighten awareness of personal values (Levey, 1992).

All of these authors agree that the old executive practices of organizing, staffing, budgeting, and controlling, where authority was neatly described in organizational charts, were appropriate for a stable environment. However, they are not enough to sustain and improve hospital services now and in the future.

Many believe that hospital administrators have sacrificed ethical and humanitarian values for the business values of hierarchy, competition, efficiency, and entrepreneurship (Kinzer, 1986; Levey, 1992; Moeller & Johnson, 1992; Peters & Wacker, 1982; Vladeck, 1992). These values are diametrically opposed to those of health professionals and lay persons who view health care as profoundly personal, in which issues of life and death, pain and anxiety, and relief of suffering are highly value-laden and emotional (Vladeck, 1992).

> Health care organizations are first and foremost public service organizations, accountable to society in general and the communities they serve in particular. No organization can sacrifice its basic values and remain viable over time (Zuckerman, 1989, p. 36).

The above quote has particular significance today. The public has developed an attitude of contemptuous mistrust for those who claim to pursue virtue in their public lives, especially those with "let 'er rip laissez-faire business values" (O'Toole, 1991, p.11). People have suffered the effects of such values and now have a watchful eye on most government activities. Hospitals are not exempt and will be scrutinized for evidence of administrative moral integrity. The health of their communities is dependent on it.

The environment in which hospitals operate is characterized by turbulence, increasing uncertainty, and complexity (Zuckerman, 1989). Pressure to contain the rate of increase in health care costs, significant changes in the funding of hospital services, epidemiological changes, economic and ethical issues associated with technology, and increasing professionalization and unionization of health care workers are all significant factors contributing to the unrest. In addition, "the hospital is the most complex human organization we have ever attempted to manage and, occasionally looking at it, I'm not sure it can be

managed" (Drucker, 1979, p.6). The complexity derives, in part, from the type and number of professional groups, who, by definition, will take responsibility for their own work. Concomitantly, they must participate as professional team members on committees whose mandates are redirected toward organizational responsibilities such as the evaluation of medical standards of care. For example, nurses, doctors, physiotherapists, and pharmacists may form a team to evaluate care to the patient receiving a hip replacement. In the past, this evaluation was the purview of the medical staff only. Given this situation, the risk of irreconcilable differences is high.

During times of uncertainty and tension, hospital staff often turn to the CEO and other senior executives for guidance, support, and direction. Kranz (1990) suggests that leadership in turbulent times *is* values clarification, that is, working together to develop a common purpose and shared commitment. The leader's values, spiritual and otherwise, must serve as the primary organizing principle for action. This perspective is shared by Harrison (1987) and Zuckerman (1989), but perhaps Kinzer (1986) provides the most clarity. As the former president of a large hospital association he concludes: "The most effective hospital CEOs I have known over the years have been those who gave their hospital a character or reputation that reflected their own value systems" (p.19). CEO values provide a beacon of hope and an effective form of guidance as hospitals try to cope with a perpetually dynamic environment.

The extent to which this study has potential for facilitating the use of such values to increase the level of leadership is a measure of its potential significance.

Theoretical Significance

Kurz and Haddock (1989) recommended future directions for researching leadership in health services administration. They suggested that studies be conducted to explore, among other things, autonomy and stability of health services administrators and the leadership qualities needed to manage health service organizations effectively. Acknowledging the call from the field for a transforming or value based type of leadership, and the support in the literature for the implementation of such a leadership style, the researcher expected to see a recommendation in this important article for a study related to CEO leadership and values, but there was none. Nor are there any studies available in health services administration which have used the values of the hospital CEO as a starting point for the study of leadership.

This study seeks to contribute to the body of knowledge relating to value centered leadership, specifically to the nature of hospital leadership in health services administration. Like Hodgkinson (1986), the researcher believes "that administration *can become* in the fullest sense, philosophy-in-action; the imposition of an ethic upon the world by means of collective action" (p.12). It is this most profound type of administration which tends, in the nature of things, to be either missing or in short supply. It is possible that the results of this study will leave a lasting impression on readers such that they may consider serious reflection upon and change in their own understanding of leadership.

CHAPTER III

Literature Review

The literature review is divided into two parts. The first describes the development of leadership theory with a final emphasis on transforming leadership. The second will focus particularly on leadership and the values of the leader. Related studies will be described and linked to the study by way of comment and analysis.

The literature will be limited to articles and books published after 1930, as most of the relevant literature has been published since then. Although some of the articles are international in scope, the majority of the literature chosen relates primarily to the United States and Canada.

The literature derives from many disciplines including philosophy, psychology, sociology, and political science.

Development of Leadership Theory

Leadership: the quality that has long eluded those who try to study it. Thousands of scientific studies have been completed on leadership during the twentieth century and still there is no single theory that can describe it. "Decades of academic analysis has given us more than 350 definitions of leadership: never have so many labored so long to say so little" (Bennis & Nanus, 1985, p.4).

Leadership is a universal phenomenon that has been studied for about 2,400 years beginning with the ancients such as Plato and Homer and continuing with modern theorists such as Argyris, Burns and Fiedler. Frankfort et al.(1949) discovered that Egyptians demanded authority, discrimination and just behavior from their leaders, while the Greeks believed leadership qualities included justice

and judgement, wisdom and counsel, shrewdness and cunning, and valour and action (Sarachek, 1968). In The Republic, Plato (1945) described three types of leaders: the philosopher-statesman to rule the republic with reason and justice; the military commander to defend the state and enforce its will; and the businessman to provide for citizens' material needs and to satisfy their lower appetites.

The word "leadership" did not appear until the first half of the nineteeth century in writings about political influence and control of British Parliaments (Stogdill, 1974). Scientific study of leadership began in the twentieth century and has concentrated on autocratic versus democratic approaches; directive versus participative decision making; tasks versus relationships; and on questions of behavior, that is initiation versus consideration (Bass, 1985b). Concomitantly, the process of change in individuals and organizations was studied and it was suggested that democratic, participative, relations-oriented and considerate leadership was necessary to create an optimum work environment. However, in some cases, such as emergencies, a more directive, task-orientated leadership style was effective.

Van Seters and Field (1990) describe the development of leadership theory using an organizing system which categorizes leadership into nine eras: personality era, influence era, behavior era, situation era, contingency era, transactional era, anti-leadership era, culture era, and transformational era. Each era represents a higher stage of development in leadership thought processes than the preceding era. The era approach helps to organize an immense field of research which is characterized by intense excitement and activity and, ultimately, confusion; inherent in many theories are conceptual weaknesses, lack of strong empirical support, and contradictory and inconclusive results (Yukl,

1989). Nevertheless, the search continues in earnest for a grand leadership theory that integrates findings from several approaches. For the purposes of this study and in the interest of brevity, the following discussion will focus on six of the ten eras; the personality era, the influence era, the behavior era, the situation and contingency eras, and the transformational era. Overall, these six eras describe leader traits, leader behavior, power-influence, and situational factors that interact with behavior, traits, and power.

Before proceeding with a discussion on leadership, it is important to note one of the major controversies which is evident in the study of leadership. The question is whether there is a difference between leadership and management. Nobody has proposed that managing and leading are equivalent, but the degree of overlap is a point of sharp disagreement (Yukl, 1989). The essential distinction appears to be that leaders influence commitment, whereas managers merely carry out position responsibilities and exercise authority. Some authors appear to use the words leadership and management synonymously. In these cases, the authors are concerned mainly with leadership. This study is concerned with leadership in the same way, that is, the focus is on a person's leadership ability to create a preferred future rather than on the routine tasks of daily work.

Personality Era

Trait theory formed a significant part of the personality era. The trait approach emphasizes the personal attributes of leaders. While hundreds of trait studies were conducted in the 1930s and 1940s, empirical research failed to find any traits that would guarantee leadership success (Jenkins, 1974). Recent trait research, using new and better designed methods, have found that traits such as high self-confidence, energy, initiative, emotional maturity, stress tolerance, and belief in an internal locus of control contribute consistently to managerial

effectiveness (Boyatzis, 1982; McCall & Lombardo, 1983). Strong evidence indicates that different leadership skills and traits are required in different situations; "behaviors and traits which enable a mobster to gain and maintain control over a criminal gang are not the same as those enabling a religious leader to gain and maintain a large following, yet certain qualities such as courage and conviction seem to characterize both" (Bass, 1981, p. 73). But, to those studying leadership, the trait approach was not enough for understanding leadership.

Influence Era

The second era focused on influence and recognized that leadership is a relationship between individuals and not a characteristic of the solitary leaders (Van Seters & Field, 1990). Major research questions focused on power-influence and raised the issues of the different types and sources of power, how power is lost and acquired, and how power is exercised by effective leaders (Yukl, 1989). A widely accepted power typology proposed by French and Raven (1959) identifies five sources of power: reward, coercive, expert, legitimate and referent power. Reward power refers to the leader's capacity to reward followers; coercive power refers to the leader's ability to coerce or punish followers using personal or positional authority; legitimate power refers to the power a leader possesses as a result of occupying a particular position; expert power refers to power that a leader possesses as a result of his or her knowledge and expertise regarding the tasks to be performed by subordinates; and referent power is dependent upon the extent to which subordinates identify with, look up to, and wish to emulate the leader.

Hollander (1978) suggests that power is acquired by persons who demonstrate loyalty to the group and competence in solving problems and making decisions while Hickson et al. (1971) indicate that the amount of power

gained by demonstrating competent decision-making depends on how important the decisions are for operations and the extent to which the person has unique skills and resources that are difficult to replace. Enthusiastic commitment, passive compliance, or stubborn resistance can result from the manner in which power is exerted. Effective leaders rely on a combination of power sources; they develop referent and expert power to supplement their position power to make non-routine requests and motivate commitment (Yukl & Taber, 1983).

Behavior Era

Efforts in the behavior era concentrated on what leaders actually do on the job, rather than on traits or sources of power. This area of research relied heavily on descriptive methods to investigate what activities were typical of leader/manager work. Reviews of the nature of managerial work have been published by Mintzberg (1973), McCall, Morrison, and Hannan (1978) and more recently, Kaplan (1986). The research shows that managerial work is inherently hectic, varied, fragmented, reactive, and disorderly. Decisions are made based on information that may be incomplete and overwhelming and the decision-making processes are highly political. Many activities involve brief oral interactions which provide opportunities to obtain up-to-date information, discover problems, and influence people to implement plans.

Behavior research expanded to identify aspects of leader behavior associated with effective leadership. Argyris (1957, 1962) postulated that an organization would be most effective when its leadership provided the means whereby followers could make a creative contribution to it as a natural outgrowth of their own needs for growth, self-expression, and maturity. Likert (1961, 1967) suggested that leadership is a relative process in that leaders must take into account the expectations, values, and interpersonal skills of those with whom

they are interacting. The Managerial Grid Model developed by Blake and Mouton (1964) shows concern for people on one axis and concern for production on the other. The individual who rates high on both develops followers committed to accomplishment of work and who trust and respect the leader.

Situation and Contingency Eras

The fourth and fifth eras represent a significant extension beyond the examination of individual leaders and their subordinates, to a study of the situations and contingencies affecting leader behavior such as the nature of the external environment, the nature of the work, and the social status of the leader and subordinates (Yukl, 1989). These two eras cover a very large body of literature which falls into two major subcategories: in the first, researchers seek to discover how the situation influences behavior and in the second, the researchers seek to discover how the situation moderates the relationship between leader behavior and leader effectiveness.

Kahn et al. (1964) submitted that role expectations from superiors, peers, subordinates, and outsiders are a major influence on leader behavior. The Multiple Influence Model proposed by Hunt and Osborn (1982) emphasizes the influence of macro-level situation determinants such as level of authority in the organization, size of work unit, function of work unit, technology and forces in the external environment. Even though we know that leader behavior is influenced by the situation, the research on situational determinants in limited, and confounding variables in situations make it difficult to interpret results.

The concepts of people orientation and task orientation provide the basis for situational theories of leader effectiveness. The theories are based on the assumption that different behavior patterns will be effective in different situations

and that the same behavior pattern is not the best in all situations. The two situational (or contingency) theories that have received major attention are Fiedler's (1967) contingency theory and House's (1971) path-goal theory.

The Fiedler model relates leadership style to the situational factors of leader-member relations, task structure, and position power. Task oriented leaders tend to perform best in situations highly favourable or unfavourable to the leader, while people-oriented leaders do best in situations of intermediate favourability. The path-goal model defines the role of leaders as helping subordinates identify the path to the goal or to increase rewards for achieving the goal. The path-goal model suggests that directive, supportive, achievement-orientated or participative leadership styles may be appropriate depending on the situation. Despite considerable research efforts to test the theories, it is still not possible to make confident predictions about the optional behavior patterns for a leader in a given situation.

Transformational Era

The final era considered for review is the transformational era. The theories of transformational leadership are broader in scope than the theories described above. They attempt to integrate leader traits, power behavior and situational variables, and thus represent significant evolution of leadership theory. Because the era is important to this study, it is reviewed in detail.

Transformational leaders were first distinguished from transactional leaders by Burns (1978). Transactional leadership is based on exchanges between the leaders and followers such that the leader exchanges money, jobs, and security for compliance to organizational goals. These transactions comprise the better part of the relationships among the leaders and followers. The leader gets things done by making and fulfilling promises of recognition, pay increases,

and advancement for employees who perform well. Workers who do not do good work are penalized. In many instances, this type of leadership elicits merely competent performance from followers, especially when leaders intervene only when standards are not being met.

In contrast, transformational leadership inspires extraordinary achievement in followers. Transformational leaders are described as charismatic, inspirational, individually considerate, and intellectually stimulating (Yammarino & Bass, 1990). This transformational leadership performance results in the expansion and elevation of employee interests, increased awareness and acceptance of the purpose and mission of the group, and motivation of employees to look beyond their own self-interest for the good of the group (Bass, 1990). Transforming leadership may lead to a situation where followers become leaders as they grow and develop.

The foundation of Burn's theory of transformation leadership is Maslow's hierarchy of needs. The levels of needs are overlapping and interdependent. The theory asserts that people are motivated by a desire to simultaneously satisfy several types of specific needs, and these needs are arranged in a hierarchical form (Maslow, 1968). In order of ascendance the needs are: physiological needs, safety needs, belongingness needs, esteem needs, and self-actualization needs. Self-actualization is a process engaged in by persons who are concerned with developing their full potential as individuals. Creative contributions are likely to be highest in an organization where the members feel themselves to be self-actualizing.

Another important theoretical contribution to transformational leadership is the notion of charisma (House, 1977; Conger & Kanungo,1987). The focus is on the individual leader as opposed to the leadership process. Distinguishing

features of charismatic leadership include follower's trust in the correctness of the leader's beliefs, unquestioning acceptance of the leader, affection for the leader, and willing obedience. According to Conger and Kanungo (1987), traits which enhance attributions of charisma include self-confidence, impressive management skills, the cognitive ability needed to assess the situation and identify opportunities and constraints for implementing strategies, and the social sensitivity and empathy required to understand the needs and values of followers. Examples of charismatic leaders are Mahatma Ghandi, Martin Luther King, Lenin, Fidel Castro, and John F. Kennedy (Bass, 1985a). Empirical research in the charismatic leadership domain is scant but there is some evidence supporting a few of House's propositions (House, Woycke & Fador, 1988; Howell & Frost, in press).

Bass's theory of transformational leadership is built on previous charismatic and transactional theory (Bass, 1985a). Bass considers charisma a necessary but not sufficient condition for transformational leadership. Intellectual stimulation and individualized consideration are two other necessary components of transformational leadership. Intellectual stimulation occurs as leaders increase follower awareness of problems and influence followers to view problems from a new perspective. Individualized consideration includes providing support, encouragement, and developmental experiences to followers. The synergy between charisma, intellectual stimulation, and individualized consideration empowers and elevates followers, in contrast to charismatic leaders who may seek to keep followers weak, dependent, and focused on personal loyalty.

In another departure from previous theories, Bass suggests that transactional and transformational leadership, while distinct, are not mutually

exclusive. The same leader may use both types of processes at different times in different situations.

Research on transformational leadership has been undertaken by several investigators in a variety of disciplines (Avolio & Bass, 1988; Bennis & Nanus, 1985; Roberts, 1985; Tichy & DeVanna, 1986; Yukl & Van Fleet, 1982). Most of the research has been descriptive and qualitative.

Leadership and Values

In this section of the literature review, the researcher sought to focus on, and to extract, the values aspect of leadership, to which so many authors alluded in the development of leadership theory and in the conduct of subsequent studies. The expression and importance of values in the literature is typically implicit rather than explicit. For example, in a study conducted by Kouzes and Posner (1987), 1,500 managers selected honesty as the characteristic sought and admired most in their supervisors. While there was some discussion about the meaning of honesty to the managers, no additional studies were carried out to further explore the meaning and contextual nature of such a value to either the managers or superiors. One wonders why this is so. Hodgkinson (1986) suggests that the reluctance of the researcher to risk self-discovery, an expected outcome of the research process, has contributed to the dearth of "this most profound type of inquiry" (p.15). It is important to remember during this discussion that there is a paucity of research focusing specifically on CEO leadership and the nature and influence of their own values on their organizations. As a result, it was necessary to search for clues in related literature to illuminate the research question.

This section of the literature review will provide a brief description of some ideas about value centered leadership followed by a discussion about research studies related to the impact of values on organizational effectiveness.

The focus will then narrow to a specific discussion of the nature of values in leadership.

Value Centered Leadership

The backbone of value centered leadership can be found in the early writings of Barnard (1948), Hodgkinson (1978), and Burns (1978). They all reflect the notion that a concern with values is at the heart of administration. Barnard (1948) contends that leadership has two aspects: a technical factor that includes superiority in knowledge, perception, and technology, and a moral factor that determines the quality of the action. Hodgkinson, in his book Toward a Philosophy of Administration, describes administration as a "value-laden, even value-saturated enterprise" (1978, p.122). Pulitzer Prize winner James McGregor Burns (1978), considered by many to be the founder of transformational leadership, claims that the leader's fundamental act is to "induce people to be aware or conscious of what they feel; to feel their true needs so strongly, to define their values so meaningfully, that they can be moved to purposeful action" (p.44). He also emphasized the interwoven texture of leadership and followership, that is, leaders lead in such a way as to anticipate responses of followers, and followers and leaders may change places. More recently, Sergiovanni (1992) calls for the expansion of values in leadership such that "sense experience, intuition, sacred authority, and emotion is considered to be as legitimate as secular authority, science, and deductive logic, the three values that now dominate management thought" (p. xiv).

A value centered leadership theory has been proposed by Fairholm (1991). It conceives a kind of leadership rooted in the reality of human nature and conduct. Its central characteristic is a reliance on a few founding values that celebrate the individual, not the organization. The theory is based on values as

the trigger for all leader action. Fairholm (1991) proposes the Values Leadership Model, which is composed of five elements: leadership, vision, creating an excellence culture, perfecting excellence technologies, and results. Within the five elements, fifteen values are identified and include caring, excellence, and stewardship (leadership); life, liberty, justice, unity, and happiness (vision); quality service, innovation, and team approaches (creating an excellent culture); teaching and counciling (perfecting excellence technologies); and, autonomy and productivity (results). Its central purpose is to help individuals change and grow to become proactive contributors to group action.

Value Centered Leadership and Effectiveness

This part of the leadership review focuses on selected management studies completed during the last four decades. These studies, while not focusing directly on values, discovered that certain management activities or behaviors contributed to the success or effectiveness of an organization. Overall, these studies provide the foundation for the most current theories of leadership mentioned earlier in this proposal, that is transforming or value centered leadership.

Philip Selznick is a pioneer in the study of leadership. The Tennessee Valley Authority experience provided a venue to study policy and, what he claimed to be, distinctive competence or institutional character (Selznick, 1949). For the first time, the American Federal Government cooperated with local agencies to carry out agricultural activities. During the implementation of this initiative, he discovered that institutional commitments to ways of acting and responding contributed significantly to the success of the initiative. Later, he would describe this institutional commitment more discretely as leadership, and

that a leader is primarily an expert in the promotion of values (Selznick, 1957). In order to achieve performance beyond expectations a leader must:

> . . . infuse an organization with value beyond technical requirements. . . From the standpoint of a committed person, the organization is changed from an expendable tool into a valued tool of personal satisfaction. It is the task of leadership, in embodying purpose, to fit the aims of the organization to the spontaneous interests of groups within it, and conversely to bind parochial group egotism to larger loyalties and aspirations (p. 17).

The conflict between the needs of human personality and the characteristics of formal organizations was studied impressively by Chris Argyris (Burrell & Morgan, 1979). As early as 1952, he published his study The Impact of Budgets on People (Argyris, 1952) followed in 1957 by Personality and Organizations (Argyris, 1958). He used a systematic framework for the studies which took into account individual factors, small informal group factors, and formal organization factors. He observed that many jobs were structured in such a way that they conflict with the basic growth needs of a healthy personality resulting in extreme competition, defensiveness, apathy and even strikes. He suggested that unless recognition is given to the powerful role personality plays in determining work behavior, efficiency and effectiveness of the organization would suffer. Argyris continued to study organizational incongruencies and subsequently developed a theory about the differences between espoused values and values-in-use (Argyris & Schon, 1978). Employees pay attention to the values-in-use more than espoused values and are very critical when wide gaps exist. They watch to see how stated values are reinforced and how these values influence the action of key executives. Narrowing the gap should be the aim of leadership, such that employees satisfy their creative need for satisfaction, growth, self-expression, and maturity.

The work of Kouzes, Posner and Schmidt, and Bennis and Nanus has also contributed to the body of knowledge which relates values to leadership. Their work is too extensive to be cited individually but this summary should provide some insight. Together, Kouzes (1987), Posner et al. (1984, 1985, 1986) and Schmidt et al. (1982) have studied over 10,000 managers in 10 years. In effect, they asked them, what makes leaders credible? The majority said they wanted leaders who were honest (trustful, trustworthy, and have integrity), competent (capable, productive, effective, and thorough), inspiring (uplifting, enthusiastic, humorous, and energetic) and forward looking (visionary). As they looked deeper into these dynamics, through case analysis and survey questionnaire, they uncovered five fundamental practices that enabled leaders to get extraordinary things done. The practices were: challenging the process, inspiring a shared vision, enabling others to act, modelling the way and encouraging the heart (Kouzes & Posner, 1987). Their 1985 study on shared values clearly revealed that senior managers' efforts to clarify and articulate their personal values has a significant payoff for both managers and their organizations (Posner, Kouzes, and Schmidt, 1985). This study has revealed that shared values do the following:

- foster strong feelings of personal effectiveness
- promote high levels of company loyalty
- facilitate consensus about key organizational goals and stakeholders
- encourage ethical behavior
- promote strong values about working hard and caring
- reduce levels of job stress and tension (p. 193)

The pioneering work of Warren Bennis in the dynamics of organizations is published in his book Leaders: The Strategies for Taking Charge (1985, with B. Nanus). He observed and interviewed some of America's leading men and women, drawing theory from those who practice. He found that, although leaders come in every shape, size and disposition (short, tall, neat, sloppy, young,

old, male, and female), they share some if not all of the following ingredients: vision, passion, integrity, trust, curiosity and daring. Leaders have a clear idea of what they want to do personally and professionally and persist in the face of setbacks. Passion refers to the underlying passion for the promises of life, with a particular passion for a profession; communication of this passion gives hope and inspiration to others. Self knowledge, candor, and maturity are all essential ingredients of integrity. Trust is considered the one quality which cannot be acquired, but earned, and is a product of leadership. Finally, curiosity and daring allows leaders to take risks, experiment, and embrace errors, knowing they will learn. While values are not explicitly mentioned, they are embedded in all of these ingredients. Regarding organizational viability and effectiveness, Bennis states:

> If I have learned anything from my research, it is this: The factor that empowers the workforce and ultimately determines which organizations succeed or fail is the creative leadership of those organizations. When strategies, processes, or cultures change, the key to improvement remains leadership (Bennis, 1991, p.6).

There is some evidence that this type of leadership contributes to organizational effectiveness. In a study conducted by Niehoff, Enz, and Grover (1990), evidence was found supporting the view that employee attitudes and perceptions are strongly associated with top management actions. In general, the focus was on changes in values and culture of the organization, with the leadership function as the key to increased productivity and innovation. A survey was conducted on 862 employees of a midwestern insurance company who were asked to assess their chief executives. Using the research of other well known leadership theorists, measures were taken of the foliowing executive actions:

inspiring a shared vision (Bass, 1985a; Posner, Kouzes, & Schmidt, 1985), modelling the shared vision (Mintzberg, 1973; Pfeffer, 1981); encouraging innovativeness (Kouzes & Posner, 1987); supporting employee efforts (Yukl, 1989); and allowing employee influence in decision-making (Bass, 1985a; Miller & Monge, 1986). Relationships between these five actions and employee commitment, job satisfaction, and role ambiguity were examined. The results showed that actions such as shared vision, supporting employee efforts, and allowing influence in decision-making were positively related to organizational commitment and job satisfaction, and negatively related to role ambiguity. Top management's encouragement of innovativeness was found to be positively related to commitment and negatively related to role ambiguity, and executive visibility was found to be positively related to commitment. The results of this study demonstrate that, in order to obtain extraordinary efforts from followers to create excellent organizations, leaders must first take actions directed at mobilizing the commitment of the followers to the values and goals of the organization.

Values and Leadership

The nature of values in administration has been studied directly by those in management (England, 1967) and education administration (Ashbaugh & Kasten, 1984; Begley, 1990; Campbell-Evans, 1991; Walker, 1992) and indirectly by those in psychology (Griest & Belles, 1990; O'Connor, 1992). The focus has generally been on values and decision-making.

When England (1967) studied 1,072 American managers using the 66-concept Personal Values Questionnaire, he found that their first orientation was toward a pragmatic means of valuation rather than an ethical-moral means of evaluation. This means that if the manager said something was important he was

more apt to see it as *successful* as opposed to *right*. Those concepts that were important and valued as *successful* (pragmatic) included high productivity, organizational efficiency, and profit maximization. Those concepts that were important and *right* (moral) included employee welfare, trust, loyalty, and honour. He suggests that a manager will change his behavior based on the successful concepts but is less likely to be influenced behaviorally by the right concepts. He concludes that values in managers can be meaningfully measured.

The following values studies in education administration focused on the personal values of principals and incorporated mainly naturalistic methods of inquiry with sample sizes ranging from four to nineteen. The number of value statements extracted for analysis from the studies ranged from 70 to 697.

Begley (1990) focused on one decision, the implementation of computers, and then investigated the personal values of the principals related to that decision. Hodgkinson's (1978) model of personal values, in which values are hierarchically classified by type, was used. Type I (the highest) refers to values based on principles or ethics. Type IIA refers to values based on analysis of consequences. Type IIB refers to values based on consensus and Type III (the lowest) refers to values based on personal preference. Begley (1990) found that most of the principal's decision-making was based on Type IIA values, those of analysis of consequences. Type I values were used the least frequently to inform the decision but this may relate to the technological nature of the decision.

A similar study performed by Ashbaugh and Kasten (1984) found that the most important decisions made by principals were related to staff issues and that personal values and organizational values played an equally prominent role in decision-making. Transcendent values played a lesser role. The framework for categorizing the values emerged from the interviews and illustrate the operant

values versus theoretical values, of the practicing administrator. Examples of these types of values are extracted from statements such as "I never back down from being honest with kids" (personal), "communicate with everyone who is affected" (organizational), and "I treat people as I would like to be treated" (transcendent) (p. 200).

Using Beck's (1984) framework for categorizing values, Campbell-Evans (1991) inquired about the nature and influence of values in administrative decision-making in education. The framework contains five categories of values: basic human values, moral values, social and political values, intermediate-range values, and specific values. In this study, principals made multiple references to three of Beck's five value categories: social and political, basic human, and moral values, in descending order of dominance. Social and political values included cooperation, sharing and participation; basic human values included knowledge, helping others and happiness; and moral values included responsibility, carefulness, and fairness.

There are dissenting views about the use of value-based administrative theory (Evers, 1985; Lakomski, 1987). These authors argue that the case for subjective values does not allow for judgement between values. As such, we cannot judge which of two conflicting values is better. Another author claims that "it is difficult to see values; one can think scientifically and philosophically *about* administration and be very unscientific and unphilosophical *in* administrative activity" (Duce, 1982).

The above studies were able to contribute to our understanding of the role of values in administrative practice. The next two studies, while not focused directly on values, provides some insight into the personal preferences of health care executives. If we accept that preferences involve an inherent value

judgement and preferences often determine behavior, then we should be able to infer some values from their preferences.

We note that the studies were not limited to the level of CEOs. They included those in positions two to three levels below the CEO. Griest and Belles (1990) surveyed 174 health care executives using three questionnaires, and compared their profiles to those of general business executives. The findings indicated that health care executives were significantly less extroverted, less toughminded and independent, showed a higher level of stress and anxiety, and displayed less of the attributes associated with leadership ability than general business executives. As a result, they tended to enjoy the conceptual and strategic planning activities and tended not to be particularly adept at implementing plans, and leading and managing others.

Using the Myers-Briggs instrument, which assesses psychological preferences, O'Connor (1992) surveyed a nationwide sample of 522 health care executives and compared them to general business management norms. Like their business counterparts, the most frequently occurring psychological type was *thinking-judging*. *Thinkers* favor rational, logical, impersonal, and goal-oriented factors in decision-making over factors the *feelers* would use including personal standards, social values and the effect on others. *Judgers* are most comfortable controlling, planning and coming to closure on issues in contrast to *perceivers* who value the substance of what they are doing and are somewhat less concerned with closure. To the author, the most surprising finding was that health care executives were significantly more *thinking* and less *feeling* in their psychological orientation. Some have argued that health care executives are probably, or at least should be, more humanitarian, compassionate, and caring

than nonhealth managers but the findings of the two studies contradict those frequently held notions.

The above two studies contribute to the researcher's interest in a more in-depth inquiry into the values of health care executives. If health care executives prefer thinking and judging to feeling and perceiving, it is possible to infer that they value independence over participation and cooperation. If health care executives suffer from anxiety and stress, it could be due to conflicting values between themselves and their Boards or employees. The researcher acknowledges the limited information that questionnaires extract in such human relations studies and recognizes the need to incorporate alternative methods of inquiry to provide meaning and context to the above results.

Chapter Summary

This review of the literature provided an overview of the development of leadership theory, described how some theorists have related personal values to leadership effectiveness, and then provided some studies which have tried to discover the nature of those values in leadership behavior. The intent of the review was to develop some insight into the personal values of chief executives, assumed to be leaders, and how these values affect the organizations that they lead. Due to the vast literature on leadership, a convoluted route was taken to try and *extract* values from the research, as they were rarely studied directly.

The study of leadership has evolved from examining which traits and behaviors great leaders possess and determining the situations in which certain types of leaders function best, to the study of relationships between leaders and followers and what meanings and contexts are associated with exceptional leadership and organizational performance.

Many authors have come to the conclusion that the most powerful characteristics associated with "leadership beyond expectations" include a capacity for seeing and communicating a preferred future, enjoining others to participate in creating this preferred future, behaving honestly and with integrity, and displaying courage and enthusiasm for innovation.

There are many authors who believe that values, however they are classified, play a significant role in leadership behavior and that gaining insight into the nature of those values and the influence they have made in the leader's professional life will contribute to our understanding of what is effective leadership. Several studies were reviewed which showed that, generally, most managers used a practical means of valuation, that is, based on consequences (productivity) and consensus rather than a moral-ethical means of valuation. This is confirmed in personality studies carried out on managers that showed that they are more likely to prefer rational, logical methods of valuation over personal standards and social values.

The literature review was constrained by the scarcity of published research in organizational studies which focused exclusively on CEOs, and the absence of published research in health services administration addressing leadership and the values of the CEO. In contrast, the available literature in organizational studies on leadership was immense, and several inquiries with a direct interest in values and leadership were available in education administration.

CHAPTER IV

Study Design and Methodology

Research beyond measurement: A quest for meaning

Design

The study was conducted as an interpretive case study using qualitative methods. The purpose of this discussion on research design and methodology is to clarify why the design was chosen, what the design entails, and to examine its potential strengths and weaknesses.

The research question is about human values and leadership. It is therefore about human science as opposed to natural or physical science, and as such is amenable to a design which studies persons, or beings that have consciousness and that act purposefully in the world (Van Manen, 1990). The proper subject matter is the human world characterized by mind, thoughts, consciousness, values, feelings, emotions, actions, and purposes. Human science aims at explicating the *meaning* of human phenomena to gain understanding and insight; accordingly, a reasonable method for research involves description, interpretation, and self-reflective or critical analysis.

Detached observation, controlled experiment, and quantitative methods have been used to study human values and leadership (see, for example, Thornton, 1967). Certainly in the leadership research, quantitative methods have been used extensively (Van Seters & Field, 1990; Yukl, 1989). However, there are two major factors which deterred the researcher from using these methods. The first is the lament from many that quantitative methods, using the hard science paradigm, have not produced useful results in the human disciplines of management, psychology, political science, and education administration

(Bogdan & Biklen, 1982; Bryman, Bresnen, Beardsworth, & Keil, 1988; Yukl, 1989). Much of the *real* world has been left out because of the narrow focus of quantitative research methods. Such methods assume that social reality is independent of our interest in it, facts are separate from values, and the goals of inquiry are prediction and control (Smith & Blase, 1991). The result is unease and disillusionment, and a call for a wider range of research methods (Bennis, 1959; Miner, 1975).

The second deterrent was the limited resources available to undertake this study including the limited experience of the researcher in conducting research. If there had been more time and the researcher more experienced, the ideal design choice, given the background of the researcher, would have been a combination of quantitative and qualitative methodology. Like Howe (1988), the researcher believes we should use all of the means at our disposal to grasp meaning and to come to know our complex environments: "This means we must read, and look, and listen, and count things, and talk to people, and even muse introspectively" (p.11).

Thus, the researcher chose one research design which is an interpretive case study. The *sine qua non* of the interpretive paradigm is that of interpretation of action, events, and perspectives through the eyes of those being investigated. There is a commitment to seeing the world from the point of view of the actor. Sherman and Webb (1988) analyzed what leading qualitative researchers (Bogdan & Biklen, 1982; Lincoln & Guba, 1985) assumed about qualitative research design and developed the following assumptions:

1. Events can be understood adequately only if they are seen in context. Therefore, a qualitative researcher immerses her/himself in the setting.
2. The contexts of inquiry are not contrived; they are natural. Nothing is predefined or taken for granted.
3. Qualitative researchers want those who are studied to speak for themselves, to provide their perspectives in words and other actions. Therefore, qualitative research is an interactive process in which the persons studied teach the researcher about their lives.
4. Qualitative researchers attend to the experience as a whole, not as separate variables. The aim of qualitative research is to understand experience as unified.
5. Qualitative methods are appropriate to the above statements. There is no one general method.
6. For many qualitative researchers, the process entails appraisal about what was studied (Sherman & Webb, 1988, p. 5-8).

The above assumptions have several implications for the research study. The researcher did not seek to clarify an absolute or correct position with respect to the research question; the researcher made a diligent effort to "bracket out" her own beliefs and past experiences to gain maximum understanding of the subjects' realities; the study did not produce generalizations but attempted to discover working hypotheses that would preserve the uniqueness of the individual situation; the researcher did not search for cause-effect relationships but rather patterns that would make sense of the phenomena under study; and finally, the researcher acknowledged and supported the position that the researcher's own values were central to the choice of problem, paradigm, theory and context of the study, and would continue to influence the ongoing research process.

The case study design was chosen for two reasons. First, prominent studies which focus on the research question are absent in the literature. In a research context where very little is known, it is reasonable to begin with a case study. Second, it is reasonable to choose a case study when one is seeking to understand organizations comprehensively in the synthetic rather than the analytic sense (Hodgkinson, 1986). It is the mode fundamental to the arts whose method allows for the empathetic projection of the researcher into the mind and experience of those who are being researched.

Given the nature of the question to be answered, the harmony between the question and the design, and the lack of formal study of the question, an inductive, interpretive case study design was considered to be appropriate.

Methodology

We recall that the purpose of this study was to investigate, describe and explain how the values of the CEO contribute to leadership in a teaching hospital. This section of the thesis will discuss the techniques and approaches used for data collection and analysis.

The researcher selected a CEO from a large urban teaching hospital to be the subject of this study. The position of CEO was selected for two reasons. First, the role of the hospital CEO is not well defined or well understood (Burns & Becker, 1983). Second, CEOs, by virtue of their position of high visibility among internal and external groups, may logically serve as the focus of organizational stability, control and performance. Consequently, a CEO with an established and distinguished reputation and special insight into the research question was selected.

Data Collection

Two factors guided the researcher's choice of the research strategies to be used in this study: the personal nature of the research problem and the researcher's past association with the teaching hospital (1971 to 1986 as a nurse clinician, educator, administrator and researcher). The research strategies chosen were in-depth interviews, limited observation and document analysis.

"Interviews are at the heart of qualitative research because they seek the words of the people we are studying, the richer the better, so that we can understand their situations with increasing clarity" (Ely, 1991, p. 58). The major purpose of an in-depth interview is to gather information and learn to see the world from the eyes of the person being interviewed. In the hands of a qualitative researcher, the interview takes on a shape of its own (Bogdan & Biklen, 1982).

Qualitative interviews vary in the degree to which they are structured. Some interviews are focused on particular topics and may be guided by some general questions, while others are very open-ended, encouraging the subjects to talk in the area of interest and probing more deeply on topics and issues that the respondent initiates. Because of the intimate and personal nature of the research question, open-ended interviews took place.

In-depth interviews occurred with the CEO and selected delegates (see Appendix A) in a primarily scheduled manner. While casual interviews occurred and were encouraged, scheduled interviews ensured that information was procured, and allowed respite from interruptions and busy schedules in order to reflect on the research question. It is important to acknowledge that the reflective interview required the CEO and others to view their professional relationships in *slow motion*, to pause and consider what their values were, and what place they

had in their relationship with the hospital CEO. The researcher was aware that this was difficult for some extremely busy people and every effort was made to accommodate their needs.

The interviews with the CEO were conducted in an informal conversational manner with a minimum of predetermined questions. However, the CEO suggested discussion with other informants, such as members of the senior executive group, and more structured interviews with predetermined questions were conducted. While the interviews remained fairly conversational and situational, the comparability of responses was enhanced with the use of predetermined questions (Patton, 1987).

Scheduled interviews were audio-taped and the tapes transcribed. Field notes were taken during or after informal or spontaneous interviews.

"Limited observation" is a strategy used by many qualitative researchers to observe, ask questions and build trust over time. It is distinguished from "active participation" in that the active participant has a job to do in the setting in addition to research (Wolcott, 1988). The means of gathering data include ongoing and intensive looking, listening and speaking when necessary (Ely, 1991). The researcher acknowledged the importance of non-verbal behaviors in this type of strategy. Often, non-verbal cues such as tone of voice or body posture are overlooked in the description of research observations.

Limited observation techniques included, among others, *shadowing* the CEO during daily activities, attending informal gatherings or meetings not attended by the CEO, and unobtrusive techniques such as watching directly the movements and interactions in public places in the hospital (see Appendix B). The researcher shadowed the CEO initially every day for three weeks, and then periodically as the situation warranted. No preconceived plans were established

regarding the attendance at gatherings or meetings, or using other unobtrusive techniques.

The last research strategy involved a document analysis of the CEO's written words. This material included memos, letters, internal documents, newsletters and published articles (see Appendix C). These materials served as sources of rich description of how the person that produced them thought about his world (Bogdan & Biklen, 1982).

Data Analysis

"To analyze is to find some way or ways to tease out what we consider to be essential meaning in the raw data... The product of analysis is a creation that speaks to the heart of what was learned" (Ely, 1991, p. 40). Qualitative research involves almost continuous and progressive analysis from the very beginning of data collection.

During the early stage of analysis, the researcher focused and refocused interview and observational lenses to phrase and rephrase research questions, to establish and check emergent hunches, trends, insights, and ideas and to face oneself as a research instrument. Guidance for the early analysis of data was provided using Turner's (1981) schematic list of stages in the development of grounded theory (see Figure 1). Early analysis strategies included confirming information and interpretations during the interviews, reviewing written notes and examining transcribed audio tapes of interviews. This stage of analysis provided the opportunity to develop inchoate categories of data to present the study findings in Chapter V.

Figure 1. Grounded Theory: Stages of Development

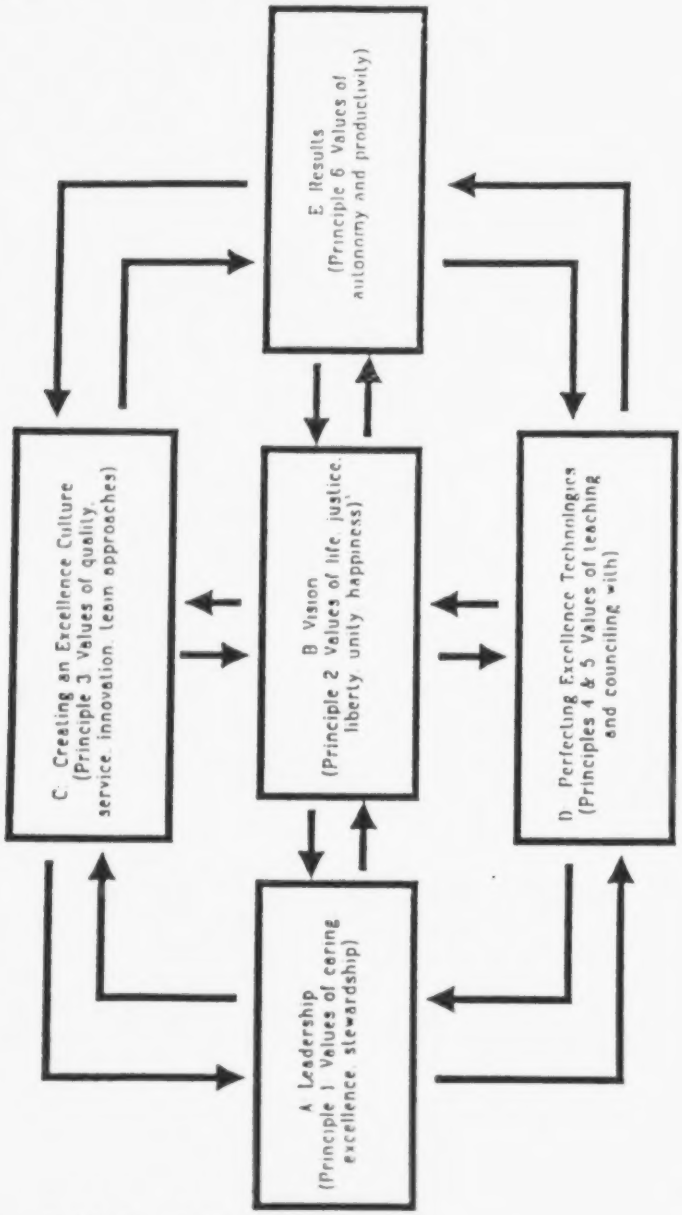
Main Activity	Comment
Develop Categories	Use the data available to develop labelled categories which fit the data closely.
Saturate Categories	Accumulate examples of a given category until it is clear what future instances would be located in this category.
Abstract Definitions	Abstract a definition of the category by stating in a general form the criteria for putting further instances into this category.
Use the Definitions	Use the definitions as a guide to emerging features of importance in further fieldwork and as a stimulus to theoretical reflection.
Exploit Categories Fully	Be aware of additional categories suggested by those you have produced, their inverse, their opposite, more specific and more general instances.
Note, Develop and Follow-Up Links Between Categories	Begin to note relationships and develop hypotheses about the links between the categories.
Consider the Conditions Under Which the Links Hold	Examine any apparent or hypothesized relationship and try to specify the conditions.
Make Connections, Where Relevant, to Existing Theory	Build bridges to existing work at this stage, rather than at the outset of the research.
Use Extreme Comparisons to Maximum to Test Emerging Relationships	Identify the key variables and dimensions and see whether the relationship holds at the extremes of these variables.

(Source: Turner, B.A. (1981), p. 231).

In order to provide a more thorough and refined analysis of the data in Chapter VI, several data categorization methods were tested for usefulness in analysis and included: (1) the Values Leadership Model (Fairholm, 1991); (2) the Value Survey (Rokeach, 1973); (3) Development of Grounded Theory (Turner, 1981); and (4) previous relevant literature. After considerable reflection on the literature review, research design, collected data and the research experience of the researcher, a decision was made to proceed with the Values Leadership Model (see Figure 2) as a useful instrument for categorizing, analyzing, and discussing the data.

The research design used in this study is that of an interpretive case study. As such, the collected data are amenable to content or thematic analysis. Theme refers to an element which occurs frequently in the text. Theme analysis refers to "the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work" (Van Manen, 1990, p. 73). While many researchers construct their own method for developing themes, others use a method developed from previous research because it allows connections to be made with other studies using similar methods and reduces the time needed to undertake this difficult and time consuming task (Borg & Gall, 1983; Yin, 1989). Three other factors formed the basis of the researcher's decision: first, there seemed to be a reasonable link between the philosophical nature of the data and the philosophical nature of the model; second, the knowledge and confidence that most of the data could be subsumed and analyzed within the model's general categories or themes; and, third, unlike the three other options, the Values Leadership Model embraces the study's two major interconnected concepts of values and leadership.

Figure 2. The Values Leadership Model


E Results
(Principle 6 Values of autonomy and productivity)
C Creating an Excellence Culture
(Principle 3 Values of quality, service, innovation, team approaches)
B Vision
(Principle 2 Values of life, justice, liberty, unity, happiness)
D Perfecting Excellence Technologies
(Principles 4 & 5 Values of teaching and counciling -with)
A Leadership
(Principle 1 Values of caring excellence, stewardship)

(Source: Fairholm, G.W. (1991), p. 81).

Using Fairholm's (1991) definitions of the Model's five themes and fifteen values, the data from the four perspectives were categorized and then analyzed. The researcher searched for supporting, dissenting or missing data for each category and compared the data across the four perspectives for congruency. The analysis also juxtaposed the study findings with relevant literature and critiqued the Values Leadership Model.

Standards of Rigor

The concepts of reliability and validity provide well established standards for establishing the rigor of quantitative research. However, the concepts do not directly apply to naturalistic inquiry; therefore, a parallel set of concepts has been proposed by Lincoln & Guba (1985). They propose "credibility" rather than internal validity as a criterion for truth value, "transferability" rather than external validity as a criterion for applicability, "dependability" rather than reliability as a criterion for consistency, and "confirmability" rather than objectivity as a criterion for neutrality (Lincoln & Guba, 1985; p.300). These concepts are all part of the notion of trustworthiness, that is, the extent to which researcher bias may be controlled in any study.

Credibility refers to the extent which findings and interpretations are seen as credible by those who are the sources of the data. Strategies chosen to enhance credibility in this study were triangulation of research strategies, and member checks of written material produced by the researcher. Triangulation allows the researcher to address the same phenomena from different perspectives, thus ensuring that the variance reflected in the phenomena being investigated is not due to method. A member check entails taking data and interpretations to the sources and asking if they believe the results. These strategies ensured that the

interpretations represent the reality of the informant and not that of the researcher.

Transferability refers to the extent to which findings apply in contexts other than the one in which they were derived. In order to fulfill this criterion, the researcher clearly described the context within which the study was conducted. This included a description of the nature and history of this particular hospital environment and some quantitative data describing the physical attributes of the hospital (e.g., size).

Dependability refers to the degree to which the work of the researcher can be considered consistent by a second evaluation. Consistency is a relatively minor concern in interpretive studies given the assumption that multiple realities exist in the world. Nevertheless, the researcher met weekly with her advisor during the analysis stage, to review major decisions about themes and categories. This provided an audit mechanism to determine consistency.

Confirmability refers to the extent to which the data used in the study can be confirmed from other sources. Lincoln and Guba (1985) believe we are deceived if we believe we can rid ourselves of subjectivity by way of an act of will or clever methodology. Therefore, the focus of objectivity is shifted from the researcher to the data. They argued, from this point of view, that the criterion of objectivity is met when data are confirmable, and this can occur if the researcher reports the data in such a way that it can be confirmed from other sources if necessary. The researcher reported the data in such a way.

CHAPTER V

The Case Study Findings

The purpose of the chapter is to present the findings of the case study. The results provide a description, using a narrative writing style, of how the values of the Hospital CEO contribute to his leadership. In order to preserve the wholeness and richness of the findings, no attempt is made here to organize the material in a predetermined manner, or to interpret or analyze. The chapter is divided into five sections: the case study context, the perspective of the CEO, the perspective of the Hospital staff, the perspective of the CEO's peers and, finally, the perspective of the researcher. Perspective allows the data to be presented so that connections can be made among individual aspects of the subject, and between individual aspects and the subject as a whole.

Case Study Context

This section describes the context in which the research was undertaken. The hospital's history and characteristics, and some biographical data concerning the CEO is presented.

The research was undertaken in a 27 year old, Canadian teaching hospital which has the capacity to operate over 900 inpatient beds. It opened 700 beds in 1966 and has been continually expanding its facilities, programs and services. It is located in a large urban centre and has direct physical and operational relationships with the local university medical school, a provincial cancer centre and a provincial laboratory. The hospital is a referral centre offering programs of highly specialized (or tertiary) care, as well as secondary care, which includes preventive, diagnostic, and therapeutic care. In addition to patient care programs, the hospital has mandates for education and research which are directed toward improved methods of diagnosis, treatment, and patient services. Over 5,000

people are employed at the hospital and about 700 students are undergoing programs of study. The operating budget is well over 200 million dollars a year. The Mission Statement and the companion Statement of Values, Principles of Patient Care and Principles of Education and Research, guide the operations of the hospital as it copes with the unprecedented turbulence in health care.

The CEO of this large and complex organization is a 55 year old, male physician who has been married for 34 years and has three children. He was born and raised in rural Saskatchewan, in what he describes as a "very evangelical, dedicated, intense, religious community." He believes that this background is fundamental and important to the development of his value base.

After receiving his medical degree in 1961, he proceeded with specialized studies in Cardiopulmonary medicine. From 1966 to 1985 he held several university faculty appointments including Professor and Head, Department of Medicine, and from 1975 to 1993 he has held several hospital administrative positions including the President and CEO of the study hospital for the last three years. His "normal" work day started with an uninterrupted, early morning period of deskwork, and was followed by a seemingly endless series of individual and group meetings. He has authored over 100 publications and has been a member of over 40 clinical, educational, and administrative committees. We note that no formal education was undertaken in preparation for administrative functions.

The Perspective of the CEO

This perspective is presented using information gleaned from the face-to-face interviews and material written by the CEO. The findings from the interviews are grouped under topic headings which include: (1) creating the environment for interaction; (2) knowing oneself; (3) spiritual development; (4)

values-in-conflict; (5) continuous learning; and (6) a preferred self. The written material is presented by source.

Creating the environment for interaction.

All interviews with the CEO were scheduled and began and ended on time. Despite a hectic schedule, interviews were never cancelled or delayed. The CEO's office served as the interview room and was spacious and quiet. During approximately 6 hours of interviewing, we were interrupted only once. Interviews were conducted at a small table with comfortable chairs. Coffee, fruit, and muffins were offered at each interview. Given the organization and ambiance of the interviews, one could discern the subject's commitment to, and focused attention on, the research project.

Knowing oneself.

The interviews began with a general discussion about leadership and values. In response to the question "When you think of leadership and values, what comes to mind?", the CEO explained that he doesn't spend a lot of time thinking about values, or whether or not he's a leader, or what he would do because he's a leader. He thinks more about the next task or opportunity, and how to achieve it as best he can. Although he says he responds to his work in a spontaneous and unrehearsed manner, he also says that in his talks or written documents he uses carefully crafted language to express his particular point of view. He reveals that he is currently struggling with the concept of moral leadership and, in his quest for understanding, reads the philosophical works of Vaclav Havel, the poet President of the New Czech Federal Republic, and Stephen Covey, who writes about principle-centered leadership. He acknowledges that there are more definable and measurable ways of understanding leadership and cites the recent Total Quality Management

movement. He cannot say with certainty that one way of understanding is better than another, but he knows the writers with whom he resonates.

Knowing oneself and being true to oneself is an important aspect of leadership in his view. He says he has an intense, reactive, emotional personality which has caused him some grief over the years. He can recall attending meetings where he expressed himself with a vehemence he later regretted. In such instances, he believes that his narrow view of the circumstances, or his emotional commitment became larger than the original issue and it never made him feel proud. He understands the necessity for occasionally using emotional responses to break down barriers but "one should be decent regardless of the issues", he says.

In contrast to the above, the following quote illustrates how he views himself in his best moments with a group. While discussing the reallocation of resources he would say:

> Here is the problem as we see it. Do you see it differently? Tell us about the alternatives. We don't print money, so that's not an alternative. But is there another place you can see where we can make a reallocation to allow your favorite interest to be fulfilled?

He claimed that in this way he can draw them into a balanced dialogue about relative values, relative investments, and relative expenditures. Similarly, he can ask them to support their own rhetoric with the best available data or have an independent group of wise people advise both of them on where is the middle ground. "What an intelligent group of people. Oh joy!", is the CEO's satisfied response to this type of interaction.

In addition to an intense personality, he states that he has a restless soul, hence the need for continual learning and a desire to move on when he has

learned enough. More than a desire to be a leader, the quest for knowledge motivated him to accept the presidency of the Hospital. He indicates that the opportunity to solve problems and to provide some direction, were the lures to the position.

The continuing quest for self knowledge has brought him to a place where he now chooses work that will benefit society rather than himself or a select group. He asks himself "To what extent will society gain as a result of my contribution?". An example of this occurred when he received a telephone call requesting him to address a public forum in a neighboring city. He indicated that there was considerable division and acrimony between hospital boards and medical staffs of the cities' two hospitals. The public forum was to have a constructive purpose: to contribute to a better healthcare plan for the future. They needed someone who would overlook the divisive issues and focus on the larger good, the future good. The CEO says he was pleased that he took the call. Most people in his position would not. He adds that this was a place that he could be helpful, not as a provincial leader in healthcare, but as a human being trying to get a very diverse audience of 150 people to stand back and focus their minds on the larger problem and the alternatives rather than their defenses. In this way, he claims, you can start co-opting their intellectual and moral interests toward a better solution.

Spiritual development.

Turning to a more spiritual aspect of self, the CEO considers himself to be quite religious. He maintains that he is spiritually quite preoccupied with what every spiritual person is preoccupied. But, he doesn't know as much "for sure" about religion as he did when he was young. He says:

Where, as a 15 year old I would have expressed a strong commitment

> to being a saved Christian, as a 55 year old, I am a very eager student of the God who is there, and His children, who are all of us. I've been driven from within to understand this more fully and I've arrived at a much broader understanding of the context and the wholeness of spiritual meaning.

The arrival at a broader spiritual understanding has resulted in the capacity to be more honest with himself, to be more true to himself. Nevertheless, he says there will always be the burden of dissonance; that is, a place where you think you're being honest with yourself but because of human pride, over-confidence, or prejudice you cannot be completely honest. He believes there are certain things that we choose not to talk about for a long, long time because the utility of "coming clean" is not completely clear, or is substantially less than the utility of acquiescing. Examples might include a discussion with a spouse about parenting, with a colleague about medical practice, or with a friend about sexuality.

To the extent that a person is honest with him/herself, integrity and credibility will be evident, he maintains. He says he is very aware of honesty at the interpersonal level. He can recognize people whose motives are personal gain, personal familiarity, or resistance to change. In interactions with these types of people, he says it is important to him to maintain his sense of integrity, perhaps by taking positions that are "tilting" positions, not demanding positions. He might say:

> I think I would prefer this for the following reasons. But I try to allow the streams of energy, initiative and even opposition to have their day in such a way that competing logics will eventually play it out.

In all of his interactions, including the above, he says he wants to be true to agreements, to understandings, and to commitments, and does not want to say things that are intended to mislead.

Values-in-conflict.

As the interviews proceeded, further insights about self emerged by way of discussions about two difficult decisions he has had to make. Each of the decisions was characterized by what he says was a conflict of values, either within himself or between him and others.

The first decision occurred many years ago and concerned replacing his secretary. He says he has always had a personal policy to work with people who are already there when he arrives at a new job. He has never felt he had to replace people just because he had come. Here is the decision in his own words:

> I found her work adequate. But as we worked together she would frequently spend mornings away with sick children at home, at the dentist or this and that. She received phone calls from her children all day. I came to a point where I felt we had to part ways because the job simply wasn't getting done.
>
> Then I learned, not only was she a working mother with children, she had [a very troubled family life]. In fact, a lot of the phone calls were working things out with [family members] at home.
>
> But, with the amount of time away, the phones tied up and the amount of time not functioning, eventually I reached a stage where I sat down and said to myself, "Now just a minute. Can you subsidize this dysfunctional family on government funds and the work isn't getting done. She is getting paid and it's interfering with a lot of other quite important things".
>
> I had to come to a very painful decision to ask this woman to seek other employment. Now, I found ways to soften the transition, to allow her to look for two or three months while we fiddled, partially replaced and modified the workload. That was a very, very difficult decision because I knew that she was probably not responsible for her predicament. That she and her family depended on this income and yet it was so clear that she, in her own life, was going to have to come to some decisions eventually.

> But it was that terrible dilemma between doing something for the person, and doing something for the public institution, for which I am accountable. And probably there was a certain amount of selfishness. I wanted my work done versus her **very** desperate need to have a connection with the outside world, a stable work situation and cash flow. It was a very difficult decision.

The CEO adds that this was a watershed decision because it helped him to frame more clearly the question of how much of what he does is for selfish interests, in the interest of public corporate accountability or in the interest of the person(s). While his spiritual values might lead him to solve this case on the side of the person, he indicates his personal values would solve it on the side of public accountability, especially when people are on the margin of their work performance. "It isn't actually public policy to subsidize people who are inadequate performers," he affirmed.

The second difficult decision the CEO recalls involved a conflict in values between himself and the Board of the Hospital. A few years ago, he explains, the Hospital was in a cash-strapped situation and running a deficit. Apparently, two other city hospitals decided to alleviate their financial problem by contracting-out services such as laundry, housekeeping, and food services. The rationale was that anyone paid six dollars an hour would work just as well as the unionized staff, who were paid eleven dollars an hour. He claims it was a well planned, strategically developed initiative in which hundreds of people were laid off, **in a day**, to save several million dollars for each institution. He asserts that the saving was basically a conversion from an eleven dollar an hour employee to a seven dollar an hour employee. He continues:

> My Board said why don't we do that? In the meantime, I'd done some work asking myself, "who are these employees?" I went to Human Resources to find out. Well, for us they are 50% first generation immigrants and don't have English as a mother tongue. If 50% are immigrants and don't speak English, they are probably working in the best job they will ever have. It's a government job, a stable institution, there are good human rights components to the work force policies, there is pay equity: there is a lot of protection for these individuals. I took a look at how long they've worked here. They've been here 10-12 years and longer.
>
> So, I asked myself, "why would I choose to reduce that group's income by five dollars an hour rather than the doctors, nurses or pharmacists?" After all, doctors have incomes of about 80-120 thousand dollars, nurses about 40-50 thousand dollars; these people have incomes around 25 thousand dollars. Why would we choose to save the three million in that group?
>
> The only conclusion I could come to was that they are not articulate enough to defend themselves. Another conclusion was that they were less skilled but they were already getting paid less for being less skilled.
>
> So I went to the Board and said, "I'm willing to look at that on one condition; that you at least find proportionate equivalent savings from each of the other groups. Then, I'll go for it. Because we are only going to do it from the group least able to defend themselves. Then I can't be the missionary for that." Put in that context, **nobody** wanted to do it.

He believes that kind of saving is misleading. He explains that, if we were to project the outcome of that decision over the years, we would find that by reducing their salaries by 40%, it would mean foregoing a higher education for their children and a lot of other opportunities on the margin. He believes the downstream cost of that kind of immediate saving could be destructive to the family. Again, he refers to public accountability, saying that these kind of decisions affect everybody.

He states it was a long time before he was able to formulate an understanding for himself, with which he could be comfortable. He thinks that the difficulty was mainly that his own values might be compromised by the larger organizational pressures. After all, he says, if other hospitals could do it and do it well, shouldn't we?

He subsequently heard from others, that the staff of the other hospitals were offered their jobs back at the reduced rate but the anger, frustration, and hostility was so high that they adamantly refused to work under the revised opportunity. Publicly, he claims, this story was never told. The institutional leaders wrote it up as a cost saving.

The process of arriving at a satisfactory resolution to these types of dilemmas, he says, is fraught with worry. It becomes an issue of conflicting ideas. He doesn't sit down and tell himself to think through all of the problems. Rather, the first hours and days are consumed by questions. "They are there, they are happening, they are buzzing, whether I'm walking, thinking, golfing, or watching T.V., they are there," he reveals. He claims the questions have his utmost attention and that they must be wrestled with because they are there, not because he has set an agenda. He indicates that he does not sit down with paper, weigh the alternatives and pick the one he likes. He describes it as a process characterized by a driving set of preoccupations, worries and tensions that have to be reconciled or rationalized. The intensity of the process doesn't develop as an intellectual process, he says, it develops as a wrestle of the soul.

The CEO believes that, in each of the experiences, it was really a question of fairness. It requires, he says, "that I know something about them as well as something about us." In the case of the secretary, he claims, he held on as long as he could to temper the transition, once he thought a decision had been made.

In the contracting-out case, he says it was an issue of fairness to the worker, but also to those who were being exempted. He maintains there should be a level playing field and adds:

> The climate we are going into will have to address the question of rollbacks to save jobs, but I'm not going to start with that group. I'm going to start with us. If there are going to be rollbacks, we'll start with the President, Vice Presidents and Clinical Department Directors. If we can't achieve it voluntarily with the senior level we won't go any further with that question because that's fair to me.

Continuous Learning.

There are many situations that have contributed to the CEO's continuing personal growth and development. The following will describe several situations in which the CEO has a prevailing concern about certain aspects of his development.

The first situation involved a discussion among cardiovascular (CV) surgeons from two local hospitals about the need to restrict the number of CV surgical procedures performed to a pre-determined number. The CEO chaired this meeting. There would be no new money, so everyone needed to cooperate to control services in the city, he said. One of the CV surgeons claimed that people would be dying in the streets if there wasn't more CV surgery and that you personally would be responsible for that decision. The argument was contrary to scientific studies which showed that CV procedures contributed significantly to mortality and the net gain (life expectancy, back-to-work) was modest. The vested interest argument of the surgeon, according to the CEO, demonstrated a total lack of awareness of long term patient interests or future developments. He continues:

> I became quite outspoken about my sense of indignation. Indignation would have been a very calm word in the context of that discussion . . . where I knew within 15 minutes that I wished I'd never gone to that meeting because I could have reframed that in another way and achieved more.

He says that, occasionally, it's a real dilemma. He believes it occurs less frequently but it remains a prevailing concern to him.

The second situation involved a test of his values when the Board of the Hospital considered running a lottery to raise money for a capital project. He says he considered it gambling and therefore immoral and, subsequently, voted against it. Then, he began to ask people why they bought the tickets and he learned that a large number of people bought the tickets for a good cause. Yes, there was an element of game playing and they might get something back, but they weren't big time gamblers, they were doing it for the Hospital. It was a dimension the CEO says he had not considered. Nevertheless, he contemplates:

> Maybe I've been bought off a bit. Maybe, in fact what's happened is I'm so happy to have the extra million, to have this be a success, that it is not a question of prostitution, but of the price. This is an interesting little test of my values and to some extent of my integrity; "How true to your cause are you?". But the flip side of that is "Was it a cause that was important to be true to?".

He continues to struggle with the lottery issue and wonders if ethically and morally hospitals are going down a path that is not good for them and for society. He says that he continues to have difficulty telling others that the Hospital made this decision, perhaps, because for him, it's the wrong decision and he wishes they hadn't made it.

The last situation involved the CEO's Budget Taskforce, a group of eight key leaders in the organization including three Vice Presidents. Their mandate was to develop a financial plan, given an unexpected budget shortfall due to a

nurses' settlement. He declares that he implemented the Taskforce in the spirit of participative management and with the guiding principle of innovation, that is, nothing would be considered sacrosanct. Yet, they were able to present only two or three very easy decisions, one of them to close beds. The difficult decisions, such as reducing the levels of management, were not forthcoming. He admits:

> I was very frustrated with that because I knew that the people had the ideas and I knew that they understood the opportunities. I felt they were not giving it the energy and commitment that was warranted. They were not functioning to the level of their potential.
>
> It left me disappointed. I was disappointed in a sense that said I have to understand this better, I have to figure out what didn't happen here and why didn't it happen? I would not say I was disappointed in any one of them as individuals so much.

The CEO says that the above example illustrates his continuing preoccupation with our human differences, and he would like to learn to live with those differences for their strengths, rather than for their capacity to distract and obstruct.

A preferred self.

The final portion of the findings of the CEO interviews takes into consideration the aspirations of the CEO to become a more highly developed person. The aspirations were discerned by way of a discussion about people he has most admired.

He indicates that his wife has had a huge impact on him personally. She has the qualities, values, and gifts that he cherishes. She is unlike him in many ways, he claims. She does not possess an organizational restlessness as he does, and the stage and the platform are unattractive to her. He most admires her

enormous capacity to hear and understand the human dimension. He reveals that, while he would give prescriptive suggestions to people, she achieves the same outcome by listening constructively. He believes it is a very unusual skill to move a person forward without being prescriptive. He says she has a tremendous intuitive sense of people and her intuition has great power in developing relationships. In addition to providing invaluable insights about candidates applying for medical positions, she provides unfailing support to grieving individuals, or to a child in crisis, even if the child is 30 years old. He says, "I've learned a lot about that just by observation. But not near as much as I would like to have learned. I aspire to these qualities and values."

There are others whose qualities he admired and hoped to emulate. These are people who have had an influence on him at different stages of his life. Two were teachers who provided an exciting, stimulating, energetic, and organized environment in which to learn, and who took him from one stage of development to the next. Another person influential to his development was a former Chairman of the Department of Medicine. He acknowledges:

> He was probably the most completely organized person I've worked with. He juggled five balls at a time and he kept the balls ordered. He had a **very** strong approach to educational organization and administration. He is probably the reason I chose to be head of the Department of Medicine because he gave me a sense of vision about how to do bedside teaching, how to do conference medicine.

He suggests that, overall, he has learned a lot from a wide range of people. There has never been any one person that so completely filled his ideals that he would say "there is the person I would like to be like." Nevertheless, he has incorporated the best parts of them into the development of what he would call his ideal self.

Finally, he confirms that he has an ideal within himself. He describes himself as a simple peasant who believes, if you do a good job, things will be okay. He believes he was called, given any task that he had to do, to do it very well, to do it right, and do it to the best of his ability. He views himself as a facilitator, a coach, and a guide. And, in his best moments, he says "the sun will come up tomorrow, tomorrow will be better."

The Perspective of the Hospital Staff

This perspective is presented using information obtained in interviews which took place over a period of three months with staff members at various levels of the Hospital organization (see Appendix A). Following the research design requirements, the interviews were relatively non-standardized and unstructured, and conducted in such a way that the informants were able to teach the researcher about their understandings of the research topic. The interviews are presented in the order in which they occurred.

The findings of each of the staff interviews are presented within four general themes: the detection of values in the CEO's words and actions; the extent to which the espoused values of the CEO are congruent with his leadership actions; the extent to which the perceived values of the CEO are congruent with the interviewee's own values; and, the contribution of the CEO's leadership and values to the growth and development of the interviewees.

Secretary A

The informant could clearly discern some of the CEO's values on the first day of his employment. He asked that the sofas in the CEO's office be removed, along with the elegant leather executive chair. He declared that, in his experience, soft seating made women uncomfortable as they continually pulled at their skirts and men would lean back and fall asleep. He claimed that the leather

chair was ostentatious and he would be uncomfortable sitting in it. The sofas were replaced with a rectangle meeting table and six simple upholstered arm chairs, and the leather chair was replaced with a considerably less expensive model.

The secretary suggests that honesty and integrity are values she has "seen" in the CEO's role as leader. In one example, a major supplier of sophisticated hospital equipment made a generous contribution to the Hospital Foundation and, in recognition of the contribution, the Hospital executive hosted a modest dinner for the supplier. Following the dinner, the supplier requested an audience with the Hospital senior executive group to make a presentation. The CEO's response was unequivocal; there would be no presentation. His view was the Hospital was not for sale, it could not be bought. He indicated that he takes a clear stance on such issues because he doesn't know were to draw the line. The informant believes that he is "totally incorruptible."

Another illustration of values-in-action occurred when a staff member was presenting a proposal to the senior executive. The CEO listened intently to the presentation and then said, "Have you tested that theory? Have you put it through the reality test? Perhaps you could revisit this and bring it back to me." The secretary submits that the proposal was poorly prepared and that the staff member tried to bluff his way through the presentation. It was obvious to her that the CEO had made a quick and accurate assessment of the situation and, without causing embarassment, made some constructive suggestions. She argues that, because the CEO values and respects people, the duplicity aspect was set aside in favor of human dignity and growth.

There are several areas where the CEO's values are congruent with the informant's own values. Reliability and dependability are important to her and

she sees those values reflected in the behavior of the CEO. He has an established order in the office which rarely changes. This ensures that few things fall through the cracks and the office runs smoothly. They keep each other completely informed about his schedule changes, he is organized and on time, and he calls the office at least once a day when he is travelling.

Another important area of congruence is the relationship between work and the family. During his first public address to the Hospital staff, after becoming the CEO, his wife and children were with him on stage and he introduced his wife as "his partner in his career." She viewed this as an example, among many, of his natural ability to build bridges and to include others in his own development.

In response to a query about the effect of the CEO's leadership on her personal growth, the informant claims that she has never been better. She adds that several scheduled performance reviews with the CEO helped her to recognize her potential. He gave her full ownership of certain activities and let her "run with it". This contributed to increased confidence in her abilities and to immense job satisfaction. She also believes that his natural ability to teach has helped her to understand the healthcare environment in its fullest sense and she now feels like a valuable member of the team.

Director A

"I'm here because he's here" was the respondent's opening remark in the interview. He believes that the CEO's behavior and actions have been instrumental in changing the attitudes and culture of the Hospital, certainly more than any other person with whom he has worked. The following quotes represent the respondent's view of situations in which the CEO's leadership becomes obvious to him:

- He's decisive which is totally refreshing in this industry.
- If he believes in something he goes full bore, he will fight to the death.
- He's an astute judge of people and is candid in his assessment.
- He listens to advice; he doesn't profess to be an expert in fields he doesn't know.
- I have a lot of rein to do my job and he has always supported me if I make a mistake.
- There is an atmosphere of trust in meetings; they are unrehearsed and I am comfortable putting forward unknown positions.
- He will take untraditional avenues to accomplish a goal.
- In public, he is a thoughtful and caring gentleman.
- With extraordinary effectiveness, the CEO mobilizes forces to get things done, especially in his work with the Hospital Board.
- He sees much more than others and has a remarkable ability to get the physicians to "buy-in". Of course, they admire and respect him.

The actions of the CEO in these situations appeal to the respondent and correspond with his own image of an ideal work environment.

While the quotes above lend considerable credence to the consistency between the CEO's words and actions, the Director notes that there are circumstances in which the CEO's behavior is surprisingly inconsistent. For example, unacceptable, even harassing behavior on the part of some senior executives is ignored by the CEO. Given the CEO's predilection for decisiveness, the Director admits he has difficulty understanding the CEO's reticence to face the issue candidly to modify such behavior.

As for his own professional growth and development, the respondent maintains that he could not ask for more in his work environment. The stimulating and entrepreneurial environment created by the CEO, and the abiding admiration the respondent has for the CEO's intelligence and intuition, has contributed significantly to his job satisfaction and personal development. In

fact, he asserts, if the next CEO is unable to follow the present CEO's lead, the Director will seriously consider leaving the organization.

Director B

The respondent is a physician and has known the CEO for twenty years in various positions in the Hospital. In his opinion, the CEO's values have always been clearly evident and a key component of his leadership function. Honesty and integrity are values he emulates and what he expects from others. The Director recalls an incident in which [an employee misappropriated funds]. He was confronted by the CEO and vehemently denied any wrongdoing. According to the respondent, if [the employee] had "fessed up" or at least admitted he was misguided, the CEO would have been prepared to give him some leeway. However, because of [the employee's] obdurate response, the CEO's heart hardened and [the employee] was suspended immediately and then allowed to resign. The outcome, the respondent submits, was fair and he was comfortable with the process and the result. He reveals that it was a delight to be on the same wavelength as the CEO and that it is something he will always remember.

Another important area of commonly held values relates to the patient. The CEO is also a physician and highly respected in his own field. The Director conveys that "it is important to have someone you can rely on to make decisions in the best interest of the patient; especially during this time of downsizing." Opportunities are provided for discussion and understanding in order to comprehend the whole picture, and the CEO applies the true scientist's approach to these discussions, that is, he listens.

In contrast, the Director can recall an issue involving the opening of a private [diagnostic clinic] by [physicians] who were under contract to provide the same services to the Hospital. The CEO was "taking a lot of heat" from the

Government , who claimed the Hospital was endorsing two-tiered medicine. The CEO became extremely angry at a meeting of the Medical Advisory Committee which was reviewing the issue. The Director did not believe the issue justified the degree of anger shown and he remains confused over the CEO's response.

In response to a question about the impact of the CEO's leadership on himself, the Director responded:

> Since 1969, I have worked with three CEO's at this Hospital. And I can tell you there has been a significant change in this hospital since this CEO took over. It is uniformly said that there is not a hospital like this in the way it is run. There are a whole bunch of intangibles - enthusiasm - we enjoy what we are doing here. There is a track record of achievement in spite of downsizing. The challenges and opportunities are considered real and the CEO's behavior produces behavior in others. The Guiding Principles [see Appendix D] **are** the CEO. To me, there are no more important values. They have been used by the CEO to produce the first surplus in eight years.

In conclusion, the Director expressed concern about the resignation of the CEO and emphasized that he did not want him to leave.

Director C

The informant began by endorsing the CEO as the author of the Guiding Principles (see Appendix D). She claims he was behind the development of the principles and, in her opinion, he always tries to live the principles. She concedes that, while he is a brilliant man, he may not always be patient. But, in her view, he redeems himself with honesty, integrity, a sense of humor, and the ability to role with the punches.

Patient advocacy is a central value in the work of the informant and she knows that the CEO is in accord with that value. She asserts that everything he does surrounds that particular view. He is not in the business for himself - he is

in it for the future. As a result of this connection with the CEO, the informant says she can trust him and has an excellent relationship with him. She is comforted to know his values are the same and this is largely the reason she has stayed in her job so long.

She has noticed a change in him since he became the president. He is much more communicative and will speak to large groups. She senses that he doesn't like it but thinks that it is important. He is also more likely to hear what others have to offer; it is possible he didn't recognize their contribution in the past because he wasn't exposed to them.

Some staff, she has noticed, are still intimidated by the CEO because of his position and knowledge. Because he has a tall and stately physical appearance, he can be quite imposing to some. He has tried to overcome that by making the top position a humane position, a position which is more down to earth and accessible. Although an appointment should be made to see him, he meets regularly with Hospital staff in open forums where he provides timely and appropriate information, articulates his vision of the future, answers questions and dispels rumors. To the surprise and enjoyment of the Director, he even eats in the cafeteria.

The informant reveals that it has been a satisfying experience working in a Hospital which is lead by principles that guide individual behavior. All hospitals focus on patient care but she knows of no other with these type of principles. She would like to see the CEO stay longer at the Hospital so that the imprint of the principles would be further sustained.

Secretary B

According to the respondent, the CEO had more impact on her life than any other boss. She worked for him for five and one half years, from 1976 to

1985. She learned, sometimes the hard way, what his values were. For example, during her first week of employment she entered his office and attempted to sit down but was told that she hadn't been asked to sit down. Other incidents, such as always calling her Mrs.[_____] and never discussing personal matters, lead her to believe that he preferred to have a barrier between him and the secretary.

According to the respondent, the office was a paragon of organization. Research papers that the CEO prepared for publication were ready six months in advance and he requested the filing be completed without exception. The secretary states that he was easy to work for because of his organizational skills. She never had a slack day and says this was very good for her.

Kindness, honesty, and humility are three of his major characteristics, she claims. She had many opportunities to witness the relationships he has with his family, which she describes as wonderful and pleasant. He often invited the residents, clinical clerks, and secretaries to his home for dinner, and many times presented her and others with a small gift when he returned from a trip. His thoughtfulness was recognized by many. He was honest to a fault and always drove a second hand car; to the respondent, these were clear signs of humility.

When they first began working together, the respondent felt there was an almost unbearable difference in their values. She confesses:

> I was scared spitless of him. I didn't think I could meet his expectations. I once spelled the word "none" wrong and it came up on my evaluation. He's a gentleman, very clear and meticulous - not just bodily, clean every which way - no cheating, no mind wandering. I was tested every day. I think I held him up too high, I was proud to work for him. And pride is **wrong**. I think he was trying to teach me that.

She now tries to emulate much of what she learned from the CEO, especially honesty. She appreciates the insignificance of material things and

feels better about herself. "Other bosses were just bosses", she says "but [the CEO] made me think about values because he acted them, not because he said so."

At the end of the interview, the secretary expressed her disappointment in his leaving the position of CEO. She points out that he has far reaching views and plans. His aim, she says, is to be part of the best organization in Canada, maybe the world; it would be a job to fill those shoes.

Vice-President A

"Philosophy-in-action, that's what I think of when I think of [the CEO]", the informant tells us. He notes that the presidency has changed the CEO, that he has developed into the leader he is today. During the two years he has worked for the CEO, he has provided an environment characterized by intellectual stimulation, sincerity, honesty, and individualized consideration. The informant recalls that one of the more important views the CEO holds is that it's alright to admit you've made an error in judgement. He also works with people as individuals, that is, he treats strong people very directly, and the weaker ones with more sensitivity. Concerning himself, the informant remarks that the CEO uses a calming, directing influence with him. In spite of the use of individualized consideration, the CEO does not display favoritism and treats everyone fairly.

The CEO has done a lot to encourage change at the Hospital, says the Vice-President. He is a big systems thinker and thinks about the future; this seems to have a calming effect on people, he adds. He can recall a time when the CEO visited three nearby non-urban hospitals, to see his neighbors and get a fuller picture of the health care environment.

One final comment from the informant about the CEO and philosophy-in-action concerns the use of humor. He has observed that the CEO uses humor often as a leavening agent or simply because he's enjoying himself.

The informant notes that there are some CEO practices with which he does not agree. For example, where the Vice President would prefer to confront an issue candidly to clear the air, perhaps even expose hidden agendas, the CEO would use words and phrases to keep emotions at a minimum and perhaps philosophize about the issue. He remembers one particularly acerbic management retreat meeting which was confrontational and laden with emotion. The participants were apparently vying for control. The CEO's response to this was to become distant and critical and he began to communicate by memo. The Vice President seriously considered whether or not he wanted to stay at the Hospital. In his opinion, the group needed team building but the CEO would likely view it as excessively emotional. The informant's impression is the CEO dislikes groups and lacks warmth.

Another area of contention involves how one views his work. The CEO demands that one think through each problem that emerges. However, the informant does not have the luxury of working on one thing at a time. He claims he usually deals with one crisis after another and he loves it. He admits he is not a dreamer or a visionary, as is the CEO, and as a result becomes very impatient during discussions of future endeavors.

Nevertheless, the informant discloses that he has really learned from the CEO, that he has grown considerably. He recently sent the CEO a note to let him know what he has done for him. The CEO has motivated him to be thoughtful and analyze situations. This prevents the informant from reacting too

quickly. He says he has also come to accept that not everyone is at the level of the CEO in terms of intelligence and the ability to simplify a complex world.

Clinical Nurse Specialist (CNS)

The most obvious and consistent leadership attribute the informant recognizes in the CEO is a spirit of inquiry. The CEO is reluctant to make assumptions without critical examination. According to the CNS, he is a free thinker and willing to question entrenched practices and beliefs. He can recall a Hospital Board meeting at which the CEO proposed closing the Hospital. This had the effect of freeing up people to consider every possibility, however radical, and prevented premature closure on important issues.

The CNS acknowledges that he has given a lot of thought to the behavior of the CEO and he concludes that it is the above behavior which has set the Hospital apart from other hospitals. Through a spirit of inquiry, careful planning, and a true respect for all people who work in the Hospital, the CEO has influenced others to minimize staff lay-offs, while other hospitals seem to close beds and lay staff off in large numbers without due consideration. The CNS believes that people who work directly with the CEO know how much he values the staff and, as a result, they have a great deal of respect for him.

The informant perceives that the CEO would not suffer fools gladly; he is a tall, intimidating man who has a stern facial expression and who smiles rarely. The CNS confesses it took him a long time to overcome his own intimidation. Given that the CEO has such high standards of conduct, the informant says he is surprised by the CEO's reluctance to confront a backward and stagnated Division of Nursing. At this time, he can only attribute it to the CEO's desire to value and respect all of the people with whom he works.

The CNS suggests that only about one quarter of the Hospital staff actually know how the CEO operates and what he considers to be important. Most of the staff have an arm's length relationship with the CEO, he says, so they build their own picture of him from stories and their own limited exposure. As an unfortunate result, the CNS explains, most people do not appreciate his contribution. He adds that two factors have likely influenced this outcome: the CEO is a private person rather than a public person (he had to be persuaded to accept the position) and, therefore, is reluctant to walk about the Hospital to get to know people; and, his tenure has only been three years, which, the CNS asserts, is not long enough for staff to come to know him or what he exemplifies.

In many ways, the CNS says, he and the CEO are aligned. One of the most important is the patient's welfare; it is uppermost in both their minds. The informant tells us that the CEO believes the work they do should have a positive impact on the patient, and that he would be the first to say they haven't been doing well enough. The CEO is forward thinking and can often see the best direction in which to go. Another significant area of unity concerns the concept of individual life-long learning. The CNS claims he has seen evidence of this principle in the behavior of the CEO. He has improved his public presence by holding face-to-face meetings with staff from all levels of the organization to discuss the meaning of the Guiding Principles (see Appendix D) and he participates more actively and with more ease in the Town Hall meetings, which are held to communicate recent developments and to respond to questions and feedback from Hospital staff. In addition, he has tried to learn more about nursing research which, in the past, he either ignored or publically ridiculed. This year, the CNS adds, the CEO attended the Hospital's annual three day presentation of recent developments in nursing research.

The impact of the CEO's behavior on the professional practice of the CNS has been notable, he discloses. In his direct work with patients he now often thinks, "there's probably a better way to do this." In his relationships with his colleagues, the CNS has an increased awareness of his own views and, has been emboldened to profess these views. According to the CNS, the CEO is a role model for him, and, in his own words, "he reminds me of what I want to be."

Vice-President B

"Evidence of the CEO's leadership is all over the place: provincially, locally, and personally," the respondent declares. One of the first and most obvious actions the CEO took when he became CEO was to establish a better relationship with the Provincial Health Department. The result, says the respondent, was the CEO's significant contribution to the development of the Acute Care Funding Plan, which was designed to address weaknesses in the current hospital funding system. The CEO received a special invitation to a recent government meeting when it became apparent the process might get derailed; the government had confidence in his abilities to assuage the criticism of the dissenters, the respondent submits. The CEO apparently made similar overtures to other city hospitals with varying degrees of success.

In the Hospital environment, building refurbishment was a priority and the CEO, in his usual approach to problems, requested data and a sound argument for proceeding, and then he put a plan in place to accomplish the objective. The respondent says this is an example of the CEO's striking intellect, that is, the ability to absorb a vast amount of information, quickly analyze it and choose a course of action including handling people.

The respondent believes that most of the actions taken by the CEO are built around a genuine caring for people. He has a strong interest in their well-

being, especially those who most depend on him. The CEO demonstrates respect for individuals including staff and patients, the respondent claims. This is most visible in how the CEO treats those considered to be the lowest in the organization. "How he treats the lowest says a lot about the man," says the Vice-President.

Threaded through all of the CEO's actions is a strong personal commitment to honesty and integrity, and to excellence in personal behavior, notes the respondent; he has a presence or demeanor that has impressed him from the beginning. The respondent has acquired an extraordinary respect for the CEO, in part, because of the CEO's efforts to improve himself. When he first became CEO, he was impatient, tolerated shoddy workmanship poorly and lacked a complete understanding of some matters. And, because of his intelligence, the CEO could leave people behind very quickly. The Vice-President acknowledges that the CEO has overcome these deficiencies to a substantial degree. He says the CEO now displays a genuine curiosity, listens carefully and seeks an improved understanding in order to advance his own knowledge.

In addition, the CEO is more competent and comfortable socially. The respondent can recall the first Christmas party where it was difficult to initiate a conversation with the CEO. He also says that the CEO appeared, at first, to be uncomfortable with the Guiding Principles because they were, in the vernacular, too "touchy - feely." Since then, the CEO has been able to advance the Guiding Principles and can now interact with many people.

The respondent acknowledges that, while he and the CEO may have different objectives, their values are congruent. This has made it easy for him to work with the CEO, that is, he can approach his work with a sense of satisfaction

regardless of the outcome. This is largely because, the respondent says, the CEO allows him to do his job with minimal interference. Generally, the CEO surrounds himself with good people and permits them to manage their operations according to their own judgement. The respondent adds that he never has to convince the CEO of the importance of people, thus, little time is wasted justifying one's actions.

In conclusion, the Vice President argues that the leadership demonstrated by the CEO cannot be taught. Those who make this claim may be looking for the wrong thing. He submits that values held by the CEO are the heart and soul of leadership, that is, the ability to **optimize** the capability of everyone to produce.

Vice-President C

The informant asserts that honesty, integrity, compassion, and empathy are evident in everything the CEO does. He adds that individuals and groups are personally touched by his presence, resulting in perhaps unexpected consequences. For example, a step three grievance procedure, which is one of the most difficult negotiating steps with union representatives, may result in a mutually agreeable outcome, or a four million dollar shortfall in the budget may be recovered with great satisfaction.

The informant believes the success of the such outcomes is a result of the CEO's ability to inspire vigorous discussions and to treat people as individuals, that is, he recognizes that people are different and he interacts with each of them accordingly.

There have been some troublesome situations, the informant admits, in which the CEO's customary behavior vanished and was replaced with what might be considered an elitist stance. Such comments from the CEO as, "a doc is special" lead the informant to perceive that the CEO valued a medical degree

over all others. The perception was further validated when the Hospital was trying to introduce a computerized patient information system. During this time, the CEO accepted behavior from the medical staff that he would not accept from any other group. For example, he sanctioned a secret medical staff meeting, thus usurping the implementation process.

Nevertheless, the informant says he holds the CEO in high regard and accepts that people have flaws and blind spots. He notes that he and the CEO have had many discussions on an amazing range of topics and they have both been transformed by them. The CEO's behavior, in the opinion of the Vice President, has improved over the years and this has given the informant a great sense of pleasure. The CEO has an increased empathy for the point of view of others; he is calmer and is less irritable, according to the informant. He admits that this may have something to do with aging; nonetheless, those who interact with him regularly have grown to appreciate his consideration and openness, illustrated in such remarks from the CEO as, "Oh that's good. I hadn't thought about it that way. Let's try it!"

The informant thinks that the CEO is in a class of his own; he has not interacted with anyone that is more obviously a leader. The CEO has helped the Vice-President learn about himself and about the environment in which he works. The CEO has shown the ability to preserve the integrity of their relationship, to provide an environment that is productive for both of them and to sustain the relationship in the long run. The informant cautions that, while he has a strong impression of the CEO, the CEO has not been in the position long enough for that same impression to permeate the entire Hospital. The majority of the staff are only now just beginning to sense his effectiveness and are increasingly concerned about his departure.

The Perspective of the CEO's Peers

This perspective is presented using information obtained in interviews with several of the CEO's peers (see Appendix A). The interviews took place during the same three months as the Hospital staff interviews and were conducted using the same research design. In addition, the same four themes, that is, detection of values, congruency between the CEO's words and actions, congruency between the CEO's values and those of his peers and the contribution of the CEO's leadership to the peer's development, are described.

Chairman, Hospital Board

The Board Chairman and the CEO began their respective Hospital appointments at about the same time. The respondent says they have developed their roles together and that he has been remarkably satisfied by the experience. He believes that this is due, in part, to their shared rural background in which money was scarce and human values were clear and simple.

During his association with the CEO, the respondent was able to describe several elements of the CEO's leadership:

> Certainly integrity, certainly compassion, certainly openness and a real sense of purpose in [the CEO]. In his own life and as he sees other things. He has a pretty good focus. I think [the CEO] knows what should be done, what is the best way to do that and he applies that. And I think it shows up in the administration of our hospital. I think people dealing with [the CEO], both subordinates and peers and our own Board, understands those values. They are not spoken about. We have never had this discussion. And I'm like [the CEO]. I don't focus on these things either.

The Chairman presents two circumstances in which the leadership of the CEO has been particularly effective. The first, he says, was the CEO's initiative in building an improved and constructive relationship with the provincial

government, not just in Health, but also in Public Works and Advanced Education. The CEO's concern is for the healthcare system as a whole, and the Board and some of the Vice-Presidents conduct business with the government with that premise in mind. He claims they could take a narrow view that was in the best interest of the Hospital, but "if [the CEO] thought we should give up something in the overall interest of the people we serve, our patients, that's how he would direct it." The Chairman believes this position has resulted in a sense of confidence in the Hospital that is important and helpful to the overall system.

The second circumstance involved a change in physician practice patterns in the Hospital. The Neonatal Intensive Care Unit required emergency, around-the-clock physician coverage because of the issue of life or death, but physicians were reluctant to change their system. There was some resentment and reaction against it. However, because of the CEO's willingness to talk and to listen, a particularly nasty issue for the Board was avoided. The physicians knew that, because of the CEO's background, he would know both sides of the issue and they would not be able to fool him on anything. The Chairman continues:

> But it's just his sense of fairness. And knowing too he was going to do what was right for the system and for our Hospital. And I think that kind of sense of fairness, underlined by a rock solid integrity, carries it through.

In contrast, the respondent adds that the CEO would probably not have a lot of patience if the other side did not behave in a similar manner. He would likely have little tolerance for some of the games people play. The Chairman says that is not how the CEO acts or thinks, so he would have little time for them. He thinks the CEO would get fairly tough if very much of that came at him; that's where his hard core integrity would come to the forefront.

The kind of leadership the CEO demonstrates is particularly appreciated by the respondent, especially in today's difficult and complex world. He admits he could not have functioned as effectively, or perhaps would not have wanted to continue. The CEO was able to make his work as Chairman enjoyable, despite the difficult work, and their time together was never wasted, he claims. The first-class preparation and organization of the issues brought forward by the Board Committees provided the platform for efficient decision-making and obviated the need for lengthy Board meetings. The Chairman adds, in conclusion, that his relationship with the CEO has been one of the best in his career. He believes the CEO is leaving a tremendous accomplishment and a real legacy with which to move forward.

Peer CEO A

The informant tells us that, before he met the CEO face-to-face, he had developed a negative image of him, by way of third party medical staff reports. The CEO had formerly been the Vice-President of Medicine at the Hospital under study and apparently a deleterious relationship had developed between the Medical Staffs of the two Hospitals because of competing patient care programs. Consequently, the informant reveals, he was surprised when he finally met him and discovered an honest, extremely intelligent individual. In the opinion of the informant, the CEO approached his new position with enthusiasm, extreme dedication, and great pleasure in learning about his increased obligations. He says he would have difficulty believing the CEO had anything but the patient's interest in mind.

The informant says he much admires the CEO's ability to understand quickly the full ramifications of an idea. He claims the CEO is able to marshall information, explain it, and argue his case so cogently that he defies his

competitors. He adds that the CEO's clinical background enhances his ability to recognize when someone is trying to mislead him. People who have tried to mislead him soon learn how irritated he becomes with those he considers fools; the informant explains that the CEO shuts them out and this is often devastating to those who encounter this behavior.

The Peer CEO describes the research subject as a visionary who continually looks at better ways to do things and, when he speaks, everyone listens. He states that he has rarely presented a solution or option that didn't make sense. For example, the peer CEO's multi-hospital organization had decided to locate one of its new patient care programs to its long term facility and was subsequently advised by the CEO that it would be better located at one of its acute care facilities. In the long run, the CEO's advice was right on the mark, notes the informant, and the patient care program was finally located to its acute care facility.

The informant believes an enduring friendship has resulted from their work together. To some extent, this is due to their common rural Saskatchewan values, he submits. If you've been raised on a farm, it is the informant's opinion that you learn the value of a dollar, the difference between right and wrong, to find favor in everyone and to work hard. These values have bound the two executives in a common purpose.

The informant claims he will miss the presence of the CEO very much, as the government, and hospital boards and executives proceed with restructuring the healthcare system. "[The CEO] has provided the glue to hold this whole thing together," he says. The CEO's leadership will continue at various levels of the system and will be remembered by many. And the informant has learned, he

says, that leadership of this nature evolves from character and talent. It cannot be taught.

Senior Executive, Provincial Health

When the informant thinks of the CEO, integrity comes strongly to mind, followed by honesty and openness. He says they have very open discussions:

> So I can say from the government's standpoint, here are the problems we have, here is the context I'm in. So it's a very meaningful dialogue. There are no hidden agendas. There is nothing that we don't feel we can really talk about because it might jeopardize one another's position or organization.

The values of the CEO are clearly demonstrated in many of their dealings and are highly congruent with his own, the Senior Executive claims. He believes the CEO has ideals toward which everyone in administration should strive. As hospitals struggle through the current changes in health care, they are often obstructed by their own competitive barriers or local centers of power. He says that the hospitals are often reluctant to compromise, that is, give up something from their own organization for the benefit of the larger society. In the Senior Executive's view, next to his peers, the CEO is on the leading edge in terms of influencing the group to expand their thinking to a systems approach.

An important example is the influence he has exercised in the work of the provincial Acute Care Funding initiative, which is striving to reallocate funding to Hospitals in a fairer and more equitable manner. The dialogue with the CEO is pursued from a global perspective, and the system is designed from that vantage point. According to the informant, this allows individual administrators to go back to their organizations to assess the impact, "rather than bringing all that baggage to the table in the first place." He's really trying to move the

industry and he's had a positive influence in developing a new context. The informant adds that the CEO's skills are well recognized because he is frequently invited to speak in problem solving situations.

The behavior of the CEO has had a major effect on the informant, he reveals. To work with someone who is prepared to be open and who demonstrates a lot of integrity and honesty, generates a new level of confidence for the Senior Executive. He is able to say to himself "maybe it is not so idealistic to believe there is a way to bring a collaborative and cooperative approach to reality -- that we will use these methods to design the future healthcare system". The informant adds that there are many in the Health department who are affected vicariously by the leadership of the CEO. They work with others from the Hospital (under study), and the values of the CEO are emulated in the behaviors of other staff members. The Senior Executive attributes the change in the culture and character of the Hospital to the value-centered leadership of the CEO.

Peer CEO B

Although the respondent has not worked as closely with the CEO as those within the Hospital (under study), he believes he can accurately describe some of the CEO's more dominant characteristics. First, the CEO consistently approaches issues with grounded data, that is, good evidence and sound analytical processes. This, the respondent says, allows others to make reasonable interpretations of the issue before solutions are offered. Credit for this practice is given to the CEO's exceptional intelligence and insight, in addition to his clinical training and scientific background. The respondent adds that, if the best available data works against the CEO's stated position, he accepts it without becoming defensive, likely because of his commitment to let the data speak for itself.

Second, the respondent says, "he has got a humanness about him -- a deep caring for people, and some sense of justice as organizations have to make difficult choices." The CEO uses that sense of equity and justice in supporting the Acute Care Funding initiative which means, the respondent claims, that some hospitals like his own, lose money because they seem to have a disproportionate amount of it. This makes life somewhat difficult for the respondent and he submits that this is an example of the CEO's toughness, his tenacity in remaining true to his beliefs.

Third, the respondent believes the CEO values highly, the concept of colleagueship. He has observed him building relationships on an as-equal basis, as partners, even though there are clearly unequal players in the healthcare system. He says the CEO recognizes the need to build effective relationships and expends considerable energy to do so.

Commonly held values between the two executives, the Peer CEO says, include using deeply held convictions to direct what they do, cultivating wisdom and understanding what their work means to them. In contrast, the informant says that, where he has a commitment to the gestalt of an organization, that is, all the staff are members of one community, the CEO can display an elitist attitude toward staff at times. For example, the CEO delivered a scathing review of nursing research versus medical research which, in the opinion of the informant, demonstrated a thinly disguised contempt for those who cannot live up to his standards. Similarly, the informant suggests that the CEO treats the housekeeping staff at the Hospital (under study) like children rather than adults, that is, he would take care of them.

The Peer CEO relates that the leadership style of his counterpart has had an impact, more profound than people might expect. The age of decency in the

business of healthcare administration has arrived, he asserts, and he views the loss of the CEO's leadership with sadness. He believes the CEO is a decent man and it is hard to find good people.

The Perspective of the Researcher

This perspective was developed using data gleaned from the Limited Observation sessions conducted by the researcher (see Appendix B). We can recall from the section on data collection, that limited observation techniques include, among others, shadowing the CEO during daily activities to look and listen for evidence of values in leadership behavior. The following describes the settings in which limited observation occurred and notes the relevant verbal and non-verbal behavior of the participants. We note that this is an action perspective which can be compared and contrasted with the previous verbal and written perspectives. We note further that the values of the CEO, Hospital staff, and others associated with the Hospital are included in this perspective.

Meeting, SEAMED Representative

A one half hour meeting was held between the CEO and a representative from the Southeast Asian Ministers of Education Organization (SEAMED), in the office of the CEO. The representative had come seeking cooperation from the Hospital to implement institutional linkages with countries such as Malaysia, Thailand, and Viet Nam.

The representative was greeted warmly by the CEO, that is, the CEO looked at him directly, smiled, extended his hand in greeting, offered him a chair across from him at his office table and invited him to have some coffee. The representative, visibly nervous at first, talking quickly and bowing frequently, accepted the greeting and, as he seated himself at the table, began to relax and describe the reason for the meeting.

In response to probes from the representative about the Hospital's interest and willingness to participate in the SEAMED project, the CEO confirmed his belief in the importance of joint international ventures for the purpose of learning from one another. He emphasized the importance of using teams of nurses and doctors and other health professionals to participate in these international initiatives and suggested the only barriers to success were interest and coordination.

The CEO gave the representative information without hesitation, about how to further his quest for the Hospital's involvement. He was advised to contact the Hospital's Centre for the Advancement of Health which receives ten million dollars in grants and has 400 projects currently underway. The CEO disclosed his own retirement to prepare the representative for a new contact in the future.

During the meeting, the CEO displayed a friendly and relaxed demeanor: he leaned back in his chair, put his hands behind his head and smiled often. He used humor occasionally, asked questions, and listened with obvious interest while the representative talked. At the end of the meeting, the representative appeared pleased with the outcome and the two men parted with warm farewells.

Meeting, Director of Nursing

A ten minute meeting with a Director of Nursing was held in the office of the CEO concerning the sudden death, the previous evening, of a well-known, long-term nurse employee of the Hospital. The Director was in emotional distress, crying and unable to clearly articulate the events. At the same time, she seemed to be trying to retain a business-like control over the situation by referring formally to the CEO as Dr.[_____], interrupting frequently to add or

correct information, standing rather than sitting, and turning away from him when tears began to flow.

The CEO also seemed to retain a business-like control by standing rather than sitting, and asking questions related to the Hospital's responsibilities to the family and its representation at the funeral. With a look of concern and compassion on his face, the CEO made three suggestions. First, perhaps a close working colleague could make a home visit to the family; second, the Hospital could extend the nurse's pay by one month and make the payment by cheque rather than direct deposit; and third, the CEO and other Hospital representatives would attend the funeral.

Although the facial expression of the CEO expressed empathy for the Director's sorrow, and an eagerness to help, no attempt was made by the CEO to make her physically comfortable such as inviting her to sit down or offering a hand in support. The Director left the office quickly after decisions had been made regarding the Hospital's responsibilities.

Hospital-Wide Forum, Computer Systems

A forum for all employees was held in the Hospital Auditorium to present the results of a critical review of the implementation of the new computerized patient information system. The CEO arrived early to organize his overheads and to coordinate with the other speakers. He chaired the forum and began by thanking everyone for coming (the Auditorium was half full). He said the presentation would last an hour and there would be time for questions and comments.

He addressed the group extemporaneously, looked at all the members when he spoke, and spoke with a serious and sincere tone of voice. The following quotes were extracted from his presentation:

- We wanted to automate to take advantage of computer capability
- It was a daunting challenge, an enormous penetration of the organization, and we are haunted by the initiative. It is time to re-group.
- We thank all of the staff for your energy, your participation. We are not insensitive to that. We know there was a quantum of emotional investment.
- We can remember from Proverbs that, where there is no vision, people perish.
- You have our attention. You need to tell us what are your expectations and if they have been met.
- I'm leaving the work of implementing and prioritizing the recommendations to the strategic committee of the President's Task Force. Still, the new president must take ownership of the future direction of [the computer system].

Following the other speakers, the CEO thanked many of the participants individually using their first names and then fielded questions from the audience. There was a vigorous response from the audience regarding their frustration with the process of implementation and the resulting negative connotation associated with [the computer system]. The CEO acknowledged their frustration and answered questions directly or referred them to those who could.

Once the formal presentation was completed and many were leaving, the CEO took a seat in the audience and waited. He leaned back, stretched one arm out over another seat and responded to those who wanted to further the discussion in a less formal manner. The CEO did not leave until all members of the audience had left.

Luncheon, Ladies Auxiliary

The CEO was the invited speaker to the annual luncheon of the Hospital Ladies' Auxiliary. He arrived early to set up his overheads and took the opportunity to introduce the researcher to the Auxiliary executive. He carried on a cordial conversation with the women as he prepared for the presentation.

During lunch he listened intently to the conversation and answered questions succinctly and with candor. Humor was interspersed throughout the conversation and he would often build conversational bridges by relating one person's interests to another with similar interests. His personal conduct was polished and considerate.

During his presentation, the CEO updated the Auxiliary on the latest developments in the Hospital and apprised them of the current turbulence within the whole healthcare industry. He described the context within which the Hospital will be operating for the next few years and emphasized that Hospitals will now need to share information and resources, a strategy to which they are very unaccustomed. In addition, he cautioned that Hospitals will have to become more reflective and less reactive to their environment. He illustrated this concept with a story about some boys who were trying to steal needles and syringes from the Hospital in the early morning hours, apparently for a scavenger hunt. Rather than charge the boys immediately, the CEO advised Security to wait until he'd given it some thought. In the morning, a joint decision was made to have the boys picked up by their parents, their names placed on Hospital records and no charges laid. These actions had a meaningful impact on the boys and prevented the establishment of criminal records.

The CEO's presentation was interspersed with stories about his family, some of them very funny and producing a lively reaction from the audience. He asked questions of the audience periodically and seemed genuinely interested in receiving answers. He would occasionally put his hand in his pocket and stroll across the front of the room, giving a relaxed and confident impression. In addition, his voice had a warm tone and was steady and clear.

Following the presentation the audience did not hesitate to ask questions and provide comments on the future of the Hospital. On the way out, the CEO smiled and said, "Wasn't that fun? I really enjoy doing things like this."

Meeting, Hospital Board

The meeting was held in the Hospital Board Room and lasted about one and one half hours. Coffee, fruit, and muffins were available. The CEO sat beside the Chairman of the Board on one side of the table, among the group members. Information for the meeting was organized into binders which were indexed to match the order of the agenda. Information included prepared reports, budget projections, pre-determined motions, and correspondence. Before the business of the meeting commenced, the CEO announced the death of a "much loved member of the nursing staff" and another highly regarded physician in the healthcare community. The tone of his voice was compassionate and respectful.

The Chairman proceeded with the agenda in an organized, but relaxed manner. All members of the group had the opportunity to speak, if they so desired, and the discussion appeared to flow freely, without evidence of restraint or manipulation. The CEO and other members of the Board, several times, injected the discussion with humor and personal reflections. For example, the CEO, in response to the report of a highly successful fund raising campaign, quipped "there's another good idea I voted against!"

During a discussion of the budget, the CEO congratulated the Vice-Presidents, who also attended the Board meeting, on their contribution to the operating surplus and praised them for their excellent management practices. He advised them to keep a two week operating surplus on hand for the unexpected. He also advised them that lay-offs would be reduced if contingency funds were available such that there was plenty of time to plan for reduced services.

Some items on the agenda were sensitive issues and therefore the written material, the CEO said, was not to be made available for public scrutiny. In these cases, the CEO requested the return to him of all written information and reminded Board members and the other attendees of the confidential nature of the discussion. In spite of the sensitivity of the agenda items, the CEO presented information in an open manner and allowed group members free discussion. He cautioned the group that the Hospital's leadership in preparing for the future was laden with risk and fear: "the first man over the trench gets the first spear." But he encouraged the group to lead, to do the best they could within affordable limits. Following this discussion, the CEO obtained unanimous Board support to proceed with an important planning initiative.

Some non-verbal CEO behaviors noted in this meeting included: removing his suit jacket and rolling up his shirt sleeves; leaning forward over the table several times and looking directly at the speaker; leaning back in his chair with his hands behind his head; allowing others to speak without interruption; pouring coffee for group members several times; using facial expressions such as frowning or smiling to express emotions; and speaking clearly using confident, intense voice tones.

Meeting, [Hospital] Acute Care Funding Committee

The meeting was held in the Hospital Board Room with about 10 people in attendance. The CEO had notified the Chair that he would be somewhat late and that a Health Services Administration researcher would be present. When the CEO arrived, the meeting began with a discussion of quantitative comparison reports generated by Health Records. The CEO is a member of the Steering Committee for the Provincial Acute Care Funding Plan and, consequently,

throughout the meeting was able to inform and advise the committee members. Some of his dialogue is quoted below:

> • Leave the inpatient formula for the time being and concentrate on the outpatient. It is time for all the subordinates to talk, to force the dialogue. We must make a decision to concentrate on one thing at a time.
> • The field expects answers. Give a good one or don't give one at all.
> • The funding process is undermanaged. Make the problem more evident, increase the awareness, get the story out of where we are at.
> • You all need to have some say in how this process is proceeding. You need to formulate the language for this. [_____], perhaps you could write a letter.
> • Formulate strategies about how to get rid of the media myths.
> • Why not do this: Predicted Cost = Reimbursement, instead of Predicted Cost / Actual Cost = HPI?

The discussion during the meeting was lively and vigorous. Opposing views were tolerated, for example, one group member suggested that automation would be relatively easy at the Hospital while another member vehemently disagreed. There was unanimous agreement with the CEO's suggestion to formulate a consolidated game plan.

The CEO's non-verbal behaviors during the meeting included: going to the blackboard and drawing a diagram of his concept; leaning back in his chair with his hands behind his head while discussing an issue; leaning into the table with eyebrows up, eyes bright and voice enthusiastic and intense; raising his voice and tapping his fingers on the table to express frustration; smiling frequently; and, allowing the meeting to proceed without interruptions.

Meeting, Guiding Principles

A meeting with the CEO and representatives from Human Resources and the Unions was held in the Hospital Board Room. The purpose of the meeting was to have an in-depth discussion about the meaning of the Hospital Guiding

Principles (see Appendix D). The CEO sat among the members and began by providing a history of the development of the Guiding Principles. Following a survey of the [city] community, the Hospital had scored high in terms of technical expertise but scored relatively low in terms of caring. In addition, the Hospital had discovered that the mission statement and strategic plan meant very little to the Hospital staff. The CEO continued:

> We asked ourselves how we could meet the expectations of the public for a more caring, tender hospital environment. And I had to ask myself how I would like to be remembered when I was gone...for a lottery or an MRI? We believed a statement of aspiration, a toning piece to the mission statement, was very important, that it had to be crafted so that it expressed what means most to most people. Crafting language took one year and we disagreed over such phrases as "we express leadership by...". I felt that it was too arrogant and should be "we want to express leadership by...", but their view prevailed. We agreed to use the word "exemplary" because the word "excellence" had different meanings to different people, and we liked the word "effective". It isn't used very often.

The CEO then opened up the meeting by inviting the group to talk about anything they wanted and that they had all morning if it was needed. His tone of voice was conversational and non-threatening.

The union representatives indicated two major problems with the Guiding Principles; the staff didn't know about them and they don't see them in action. There was a suggestion that they lacked credibility because they were perceived as part of the trendy Total Quality Improvement process.

The CEO explained that the "canned approach" was judiciously avoided and that they wanted to reach the individual within, rather than use commercial techniques. The idea of producing wallet-size copies of the principles was

considered, but, he said, "we didn't want it to go from the printer to the back pocket without going through the head." Everyone laughed.

A group member suggested that it was the middle management group that most needed to practice the Principles. In many instances, she claimed, the managers act like mothers and the staff resent it. Trust and dignity should come first, she asserted.

The CEO's response to this was to admit that he, too, had subscribed to an authoritarian method of handling people, but it was his daughter who "helped hammer home that this was not acceptable." He added that evaluations are done poorly, that is, too often we focus on people who relate better to superiors than to subordinates. They get the job done successfully but they are not effective. He admits that hospitals probably made a mistake in accepting corporate structure and terminology (eg. President, Vice-President). Rather than focusing on the rules and who manages who, he suggested, we should be focusing on how we work together. He illustrated this by telling a story about some parking incidents:

> In one instance, I pulled up into the five minute loading zone in front of the Hospital and the Commissionaire approached me in a brusque manner and said sharply, "You can't park here. Are you picking up a patient?" In another instance, a colleague had come to the Hospital to have lunch with me and when we returned to his car, the Commissionaire declared that the car was parked across a red line in a fire hydrant zone: "You'll get a $60.00 ticket if you don't move that car," he warned. Both times I was irritated and wanted to stand up to him. Wouldn't it have been better to say, "If you move your car up a little, you won't be in the fire zone." We have to change that, invite people in, be concerned about the organization.

Near the end of the meeting, several union members expressed concern about the CEO leaving. They told him that they had seen him practice the Principles and were worried that the next CEO may not place the same importance on them. The CEO reassured them that the Hospital Board was probably the best board in [this part of] Canada and that it had focused on the Principles during the recruitment process. "Maybe you'll get someone better!" he said as he leaned forward and smiled at them, "it's going to be O.K."

Meeting, Senior Executives

The meeting was held in the Hospital Board Room with the CEO and all of the Vice-Presidents. An agenda was prepared prior to the meeting and related handouts were available. One Vice-President was late and the meeting was delayed until her arrival, at which point she was subjected to some teasing by other group members. The CEO did not comment.

The group members addressed the agenda items, with the CEO interspersing his comments throughout the discussion. While considering the renovation of a patient care area of the Hospital, the group members queried whether or not the patients should be kept in this area. The CEO advised that the doctors and nurses working in the area should determine the feasibility of both options, but cautioned that if the patients remained in the area it could become a public relations issue. He said these important factors should be considered: safety, cost, and time. He added that staff should be clear about the justification for such a redevelopment, given the current economic climate. "We need to tell it like it is -- Clyde Wells won because he was seen as an honest man", he said.

A concern was raised about the lack of involvement of Hospital Directors with the United Way fund raising initiative. Rather than have his secretary call each Director and have the issue placed on the agenda of their next meeting, the

CEO offered to call the Chairperson of the Directors Group to relay information more efficiently.

Near the end of the meeting, one Vice-President was obligated to leave early and the CEO leaned forward, looked at him directly, and asked him in which of the initiatives he would like to take part.

Some of the non-verbal behavior observed during this meeting included: excusing himself and leaving the meeting for 15 minutes; topping up the group member's coffee when he returned; leaning back in his chair and listening for long periods of time, and smiling occasionally.

Meeting, Medical Advisory Committee (MAC)

The regularly scheduled meeting was held in the Hospital Board Room with the CEO and about 20 physicians. The major topics of discussion included budget cuts, the demise of a surrogacy program and a presentation by the [_____] Association of [Physicians]. The CEO was asked to present an update on the Hospital budget cuts and he began by emphasizing that the objectives of the funding reductions were developed to minimize the impact on staff and patient programmes. When asked about the reduction in food services staff, he replied that the Hospital was the only one in Canada with waitress services and that the Hospital did not wish to subsidize staff dining while sacrificing patient care initiatives. He added, smiling, that fiscal restraint was the purpose, but that public relations was the problem.

He continued by providing an overview of the potential scene and described what other provinces are doing about restructuring the healthcare industry. He advised them that they needed to be creative in their thinking because the restructuring will be severe and he invited them to participate in the process.

The demise of the surrogacy program was viewed with disappointment by several physicians and they wondered why approval was given to implement it. The CEO explained that, while the Board approved the program, members had relied heavily on the advice of the MAC. "We had to walk this way once to see how it walked and we have had to learn how to back off," he concluded. His voice during the discussion was strong and firm.

During physician presentations on non-invasive technology, the embryology proposal and the [_____] Association of [Physicians] his comments were as follows:

> • Before we decide to adopt non-invasive technology, we must first define the indications for surgery. Do we know why we are doing them? This Hospital should know why. We should continue to review this through the Patient Care and Outcome Process.
> • The Embryology Proposal is an important issue. If you haven't taken the time to give it considered thought, you should. This one has a history. First, it was insured. Then, it was de-insured. The salaries are paid by this Hospital. That makes it different than a private clinic. We are not-for-profit.
> • The Hospital contract with the [_____] Association of [Physicians] says you won't bring in anyone else -- an extension of the Hospital. But there seems to be two sets of principles operating here. The work you do for the Hospital is cost efficient but the work you do in the private [clinic] is to make money. How do you answer to the public who cannot bounce back and forth between principles? How do you explain that the study of prostate cancer is not an indication for [this diagnostic procedure] at this Hospital, but it is at your private Clinic?

While the CEO was commenting on these issues, the group members were very quiet. He was sitting near the end of the table, leaning back in his chair with his arms folded in front of him. His facial expression was stern and serious. His voice, while still clear and emphatic, was quiet and his speech, slower. There seemed to be a reluctance to challenge the CEO on his views. One

physician acknowledged that it is not easy to have this type of presentation (referring to the Association of [Physicians] presentation). The overall tone of the meeting was serious and tense.

Meeting, Guiding Principles

A second meeting to discuss the meaning of the Guiding Principles was held between the CEO and the staff from the Department of Materiel Management. It was held in a small, bright, comfortable meeting room and about 12 people attended. The CEO began by requesting their opinion of the Principles and he immediately received a comment : "We need a clone of the President." He continued by providing context for the development of the Principles. He told them, "we asked ourselves, what would we like our workplace to be remembered by? What could we aspire to? Much in the view of the Golden Rule." He explained that in the past it was assumed that doctors and nurses knew what worked. But, he admitted, smiling, that nothing we know about keeping a patient in bed works. He said he hopes people will remember the first Principle first, and view the others as complementary.

In response to a question raised by the CEO about the day-to-day usefulness of the principles, individuals provided the following:

- In the past year, there is improvement in how we treat each other, especially the clerical staff. I believe there is a direct relationship. Growth is stifled the lower you get in the organization. You're just there for the work. But now, work is much more fulfilling.

- Yes, I feel that I matter. But there is no consistent practice. Managers are remiss in practicing them -- they are short on respect and dignity. When things are bad, there's lots of vocal, when things are good, things are quiet. They're more platitudes than practice. When they were first hung on the wall, it was hanging seriously and obviously. Next time I saw them, they were hanging upside down. But, it got noticed!

- Yes, in our own lives we have values. Organizational values should be the same. There should be a match. Conflict should be okay. Respect for people personally and organizationally -- they do mesh -- makes me feel 100% better working here. This is the very first time I worked in a place where these were in place. I'm very, very pleased.

- This is a quest -- a constituency more burdensome than others. Would I feel confidence to do that? Yes, we have a group already. Some departments can do this -- some can't because it might be politically unwise. I'm saying more than I meant to say. Does the Hospital really care for its staff? I'm proud to work here because of the patient care. But do they really care about the staff? I'm not saying anything I haven't said with the others. I'm disappointed in senior management -- the uncertainty. How much can I say without jeopardizing my job? I need my job.

- I'm comforted by the Principles when they've been violated. There is no such thing as a perfect person. There is no such thing as uniformity of agreement. It's okay to verbalize, to express myself. It's a learning process -- working with the management team. They are in their infancy, delicate, could easily get squished. Guiding Principles add background support to continue in spite of the pain. We based our goals on the Principles -- there's a real comfort zone.

- They came down the shute and were posted. No one really read or thought about them.

The CEO responded to these comments with patience, kindness, and genuine interest. He told them that this discussion was a good test of the Principles-in-action; that is, cultivating an atmosphere of trust and respect. He said that, often, the difference between one's words and actions becomes an issue. To illustrate, he told of a visit to a mountain resort that proclaimed that its aim was to "exceed all expectations," but the room was not ready and they couldn't check in until after 2 pm. In his opinion, "it was a lousy place that said it was not, and, it would have been better off not saying anything." In another instance, an extremely irate physician stormed into the CEO's office, yelling

about the rude operators at the Hospital. The CEO had not witnessed such rude behavior in his three years as CEO, so he "flashed" the Principles at him and advised him to come back when he had cooled off.

The CEO took the opportunity to address the issue of uncertainty raised earlier by a staff member, saying, perhaps, it was more important at the moment than the Guiding Principles. He described the economic uncertainty at the provincial and national levels of government. He told them there was little confidence in anyone to pull us through the tough times. All boards are uncertain and some have disappeared completely. For example, the board and administration in a Vancouver hospital were gone in one day and similar events were occurring in Saskatchewan and New Brunswick. He explained that it was impossible to be confident and informed because the changes are big, fast and uncontrollable. Nevertheless, he says they want to be fair and honest.

A staff member responded to this by saying, "If only we had heard this more often. The stony silence is unbearable. We expected a higher level of compassion from senior administration. To hear that you care makes a difference."

The CEO told the group he wants ideas for making the Principles come alive, that it was time to revisit them throughout the Hospital. He had hoped the Principles would be more profound and enduring than the "flavor of the month" activities such as quality circles, the value improvement process, and resource management. He explained that the development of the words took hundreds of people and the language changed many times. "Now, we hope you will challenge us. We hope it's on the inside, not the outside". And, with a genuine look of anguish and sincerity, he asked them "How do I tell you I want you to be the very best you can without telling you to do this, to do that?"

The members quickly responded by saying they were setting up department meetings, a safety committee, and an education committee. They agreed that they needed to be braver and speak their minds when a breach of the Principles had occurred. They felt it was important to continue these small group sessions to help verbalize what they were thinking. Perhaps case studies, focusing on how they would deal with each other regarding respect and dignity, could be presented. They said it was important to learn how to deal with unpleasant situations and still leave a person's dignity intact.

The CEO concluded the meeting by suggesting that they find other staff members with an affinity for the same ideals, someone to talk to. He reflected back on a difficult situation with a secretary; then, he would have liked someone to talk to as a sounding board. He said she never came back. She felt betrayed.

He encouraged staff to send additional ideas to Human Resources who would develop a bank of changes. He said that he had no feeling of a final version. Finally, he looked at them all and said, "I care very much that you people want to work here."

Chapter Summary

This chapter contains the perspectives that describe the Hospital CEO's personal values and how they enter into his leadership behavior. The perspectives allowed us to observe the similarities and differences between the perspectives and to note the congruence between the CEO's words and actions.

From the CEO's perspective, we observed how he prepared himself for interaction with others and then learned how he has come to know himself better through those interactions. He described situations where his values were in conflict or compromised, and what he learned as a result. Those he most admires

and wishes to emulate were described. The CEO's perspective was augmented with documents written or significantly influenced by the CEO.

The perspectives of the Hospital staff and the CEO's peers demonstrated how the personal values of the CEO were revealed in their working relationships and how the values had influenced their working lives.

The perspective of the researcher describes the CEO in action during his working day. Verbal and non-verbal behaviors which reflected the CEO's values and leadership were noted and, to some extent, the participants' response is described.

The next chapter will provide a more penetrating analysis of the findings by identifying major themes, comparing and contrasting the themes, and discussing the relationship of the themes to the literature.

CHAPTER VI

Analysis and Interpretation

Themes and Perspectives of the Case Study

The purpose of this chapter is to analyze and interpret the data reported in Chapter V. To provide control and order for the analysis and to allow for a more penetrating discussion and interpretation, the Values Leadership Model proposed by Fairholm (1991) and described in Chapter Four (IV) is applied.

Following the field research, a variety of data categorization methods were tested for usefulness and included: (1) the Values Leadership Model (VLM) (Fairholm, 1991); (2) the Value Survey (Rokeach, 1973); (3) Development of Grounded Theory (Turner, 1981); and (4) previous relevant literature. After considerable reflection on the research design, collected data, literature review and the research experience of the researcher, a decision was made to proceed with the Values Leadership Model (VLM) as a useful instrument for categorizing and discussing the data.

The data were categorized across the four perspectives described in Chapter V into one of five themes identified in the VLM and defined as: (1) Leadership, including the values of caring, excellence, and stewardship; (2) Vision, including the values of life, liberty, justice, unity, and happiness; (3) Creating an excellence culture, including the values of quality service, innovation, and team approaches; (4) Perfecting excellence technologies, including the values of counciling (counciling means calling people together for consultation, deliberation or discussion) and teaching; and (5) Results, including the values of autonomy and productivity. Values are deeply held conceptions of

the desirable within every individual and society (Rokeach, 1979). They are the measures of the quality and appropriateness of our social interrelationships and provide a benchmark to gauge member satisfaction with their institutional relationships.

The remainder of this chapter is devoted to the presentation of the data related to the themes and perspectives of the case study. Each theme will be described and the values defined in keeping with the VLM. Supporting, dissenting and missing evidence from all perspectives will be described and discussed within each theme. The evidence will then be weighed and interpretations formulated. Next, the findings will be linked to relevant literature and, finally, a commentary will be made on the usefulness of the VLM.

Theme 1. Leadership

This first theme represents the foundation upon which all the other themes rest. At its core is the concept of development, that is, personal change toward excellence and then development of followers and the organization served. The theme is based on the innate need for all humankind to improve, grow, and maximize one's talents. The concept of development becomes a process that makes operational the innate values people hold. It allows us to view leadership as an unfolding idea rather than a completed concept.

Caring, excellence, and stewardship are the values supporting the theme and the case study findings will be discussed and interpreted under those headings.

Caring

Caring behavior comes from deeply held beliefs and perceptions about people, who they are, and their essential goodness (Fairholm, 1991). Caring, or love, is central to a concern for self, employees, clients, and the service provided.

A caring person demonstrates enthusiasm, excitement, and compassion in their work with others, resulting in trusting relationships that hold the organization together. Behaviors such as listening, one-on-one contact, developing close relationships and counciling with others can bring caring to life.

From the CEO's perspective, caring for himself and others is exemplified in the stories about difficult meetings, replacing the secretary and contracting-out the housekeeping staff (see Chapter V, p. 52-54). In each case, he chose to listen intently to his own reactions and to those with whom he was interacting. Based on what he heard, he modified his behavior by taking "tilting" positions on issues rather than hard-line positions in the meeting. He allowed the secretary time off and several months to find a new job and, through a process of counciling with the Board and staff from Human Resources, he ensured a measure of job security for several hundred employees. The extent to which he cares about these issues can be discerned in his description of the process of resolving difficult issues. He claims the questions have his utmost attention and he is fraught with worry. The process does not develop as an intellectual process, rather as a wrestle of the soul. "All great leaders have wrestled with their souls . . . you cannot lead others until you have first led yourself through a struggle with opposing values" (Kouzes & Posner, 1987, p. 301).

The CEO's caring behavior was cited by most of the hospital staff and his peers as a dominant characteristic of his leadership, and was experienced directly by the researcher during the research process. Evidence is provided through a variety of statements made by associates and by way of actions observed by the researcher. The following illustrations include caring for himself, others, the Hospital and the Healthcare system:

- "He's a gentleman, very clean and meticulous - not just bodily, clean every which way -- no cheating, no mind wandering" (*Secretary B*)
- "In public he is a thoughtful and caring gentleman" (*Director A*)
- "His personal conduct was polished and considerate" (*Researcher observation, Auxiliary Luncheon*)
- "He is organized, on time and the office is a paragon of organization" (*Secretary A*)
- "He often invites the residents, the clinical clerks and secretaries to his home for dinner and many times presents me with a small gift on return from a trip" (*Secretary B*)
- "Because the CEO values and respects people, the duplicity aspect was set aside in favor of human dignity and growth" (*Secretary A*)
- "Patient advocacy is central to everything he does; you can rely on him to make decisions in the best interest of the patient" (*Peer CEO A*)
- To the hospital staff he said, "I care very much that you people want to work here" (*Researcher observation, Guiding Principle meeting*)
- "His view was that the Hospital was not for sale, it could not be bought" (*Secretary A*)
- He said, "How can we meet the public's expectations for a more caring, tender, hospital environment?" (*Researcher observation, Guiding Principle meeting*)
- "The CEO's concern is for the healthcare system as a whole" (*Senior Executive, Provincial Health*)
- "The restructuring must be system wide . . . to preserve the very best programs that health care organizations have to offer" (*News Release, May, 1993*).

Non-verbal signs of caring observed by the researcher and others included attending all activities on time and listening intently without interruption; scheduling scores of meetings on a one-to-one basis; traveling to locations, in and out of the Hospital, for the express purpose of educating himself; and, during meetings, consistently making direct eye contact with the speaker, leaning forward toward the speaker, freely using facial expressions to convey emotional responses, and pouring coffee for participants.

While the evidence for caring is generally consistent and widespread, the CEO and a few others were able to recall events where caring may have been less

evident. The CEO recalled a Cardiovascular meeting where his personal interests superseded the interests of the group resulting in a deadlocked confrontation (see Chapter V, p. 56). A vice-president cites incidents where unacceptable, rude behavior displayed by other staff was tolerated by the CEO. A director remembers a meeting where the CEO expressed excessive anger to doctors who had created a two-tiered medical practice, and a peer CEO recalls a time when the CEO publicly ridiculed nursing research. Finally, the researcher observed that no physical contact was offered by the CEO to comfort a grieving nurse whose colleague had died suddenly.

These events may well represent lost opportunities to listen carefully, relate informally, and teach or reinforce values, that is, to care. Yet the CEO and many of his colleagues seem willing to accept these human limitations for two significant reasons. First, the CEO and his colleagues expressed deep personal satisfaction in experiencing the CEO's change in behavior, from impatience and frustration to patience and tolerance, especially during the past three years. Many hospital staff also expressed admiration for his willingness to become more socially skilled and to meet with groups face-to-face. Second, for many, their own desire to express caring behaviors was strengthened by watching, and identifying with, the caring actions of the CEO.

Excellence

Within the theme of leadership in the VLM, excellence is a value which influences the actions the leader takes in enhancing self, others, and the organization as an entity. *Self-development, vision*, and *innovation* characterize excellence. We note that development continues as a foundation concept to this value.

Self-development demands of leaders life-long learning, knowledge of how they fit into the organization, and increased application of their skills in goal directed action. We understand, from the CEO's perspective, his commitment to life-long learning through his discussion of these experiences that caused him profound personal angst and melancholy, and from which he emerged a wiser, more tolerant human being. He accepted the advice of those he respected including family members, teachers, and others in authority, and subsequently learned to trust his abilities, rely on his own decisions, judge situations efficiently and increase his scope of thinking. Coming to know oneself stands out as one of the CEO's strongest drives.

The notion of the CEO's commitment to self-development permeates the perspectives of the Hospital staff, the CEO's peers and the researcher. It can be discerned through their stories containing examples of his growth and development, and by examining his responses to errors or lack of knowledge. They noted that the CEO has enhanced his skills as a leader by increasing his public presence in many settings including Town Hall meetings, meetings with staff to review the Guiding Principles, meetings with neighboring hospitals and participating on government committees. Where he lacks knowledge, he searches for it in areas such as patient care outcomes research, nursing research, the Hospital physical plant and computer technology. He acknowledges when errors have been made including, for example, the method of implementing a patient care computer system, the introduction of a surrogacy program, or his own use of an authoritarian method of handling people. He encourages himself and others to correct the errors in a timely fashion and to draw the appropriate lessons from them.

A noteworthy observation is that the CEO asks of himself and others that we develop ourselves from within, rather than from some prescribed outside influence. One must eventually "act on" the inner knowledge of truth, which he claims carries much more credibility than "talking about" that knowledge. This is noteworthy because the CEO claims to be highly prescriptive in response to his environment and has expressed a desire to develop more sensitivity and intuition. It is clear that he is asking others to learn what he is learning.

Vision, or intelligent foresight, is another characteristic of excellence and provides a mechanism for the leader to manage attention. The CEO's perspective conveys a personal and intimate vision of how he would like, to live in contrast to the organizational vision. We are left with this impression because his discussion about organizational values such as efficiency was scant and uninteresting to him. The vision of what he believes to be a decent person - - that is, a person who is honest, credible, and willing to learn - - focuses his attention on his own behavior as it measures up to that vision. In the opinion of the researcher, the difference between his perception of himself and that vision provides him the incentive to change.

While the CEO's vision of personal decency is strongly recognized and confirmed by the Hospital staff, peers and researcher, as evidenced in his actions and in the Guiding Principles (see Appendix D), they have consistently described a dimension of his vision beyond that of the personal. He has a clear idea of what is in the best interest of the patient which is, ultimately, their justification for employment in the hospital. They claim that it is his abiding focus on the patient that allows him to discern people's motives for certain actions and to redirect their views to an interest beyond themselves.

Another dimension of the CEO's vision is described in terms of the healthcare system as a whole. In a newspaper article published May 8, 1993, the CEO said the healthcare cuts:

> . . . provide an opportunity to move positively towards improving the system. I think you are going to see a very streamlined, far smoother, and more efficient health care system. I am quite optimistic if we do that in a careful way that you and I will be more eager to be cared for in 1997 than we were in 1992. This is not a doom and gloom time. This is an opportunity time.

The CEO has communicated this vision to Hospital staff, peer hospital executives, the government and the public, and he has helped to bring this vision to life by leading initiatives such as the Acute Care Funding Project and by participating actively in the regional restructuring process.

Innovation is another characteristic of excellence and is defined by Fairholm (1991) as introducing something new. Anecdotes from the perspectives of the CEO, the Hospital staff, his peers, and the researcher identified innovation as a value seen in the CEO's leadership. These include insisting that all Hospital staff be considered for a salary reduction rather than the one group that could least bear it, spear heading the Acute Care Funding Project (a revolutionary method of funding hospitals) and developing and implementing the Hospital's Guiding Principles. If one reflects on the impact of these innovations, one becomes aware of the enormous number of people affected by the implementation of these new ideas, at least 5,000 on the Hospital campus alone.

Stewardship

The last value to be discussed within the Leadership theme is stewardship. The leader holds in trust the organization, its resources, its people, and its vision

of the future (Fairholm, 1991). As a steward the leader plans, inspires, and trains others to carry out pre-set goals. There are two areas of emphasis: the provision of high quality, excellent service to clients, customers, and citizens, and, the provision of leader service to followers to enable them to provide the aforementioned services.

From the CEO's perspective, the value of stewardship can be heard as he describes the dilemma associated with replacing a secretary: " . . . that terrible dilemma between doing something for the person and doing something for the public institution, for which I am accountable." He claims that the safety of the staff, patients, and the building are his main concern. By replacing the secretary, the CEO was able to ensure a higher quality service to the organization and, consequently, to the patients, and to put his belief in stewardship into action.

He also demonstrated stewardship toward followers when he gathered information, and then challenged and inspired the Hospital Board to retain the housekeeping staff as employees of the Hospital while considering salary reductions of all staff. One might assume that staff morale improved resulting in the continued provision of high quality services.

One of the Hospital directors recalls that, in spite of downsizing, the Hospital retains a track record of achievement such as producing the first financial surplus in eight years. He attributes this to the CEO's direct guidance which resulted in the enthusiastic commitment of many staff to reach financial targets.

The Senior Executive, Provincial Health, the Board Chairman, and the CEO's peer executives all provided evidence of CEO stewardship from a wider perspective. He has taken a leadership role in helping to plan the future of the

healthcare system as a whole and, as such, may be seen as one who holds in trust the resources of the provincial healthcare industry.

Interpretation

This discussion is divided into three parts: the conclusions we can draw from the evidence, a reflection on relevant literature and a critique of the first part of the VLM.

This study reveals that the theme of leadership, together with the qualifying concept of development, carries a personal and philosophical connotation to the CEO and his close associates, rather than an administrative connotation. He uses no prescription for leadership other than his own personal commitment to the values of caring, self-development, and stewardship. Yet, he claims prescription has been his usual *modus operandi* for solving problems. The personal nature of his view of leadership is evident because his entire discussion focuses on his development as a human being, rather than his involvement in the development of others, or on current leadership theories and how he has incorporated them into his activities. An inner drive to learn and grow in the fullest human sense and a desire to activate what he learns seems to be the motif of his leadership.

Caring, excellence, and stewardship are values clearly seen by Hospital staff, peers, and the researcher, in the CEO's words and actions. While there are areas of incongruence between what he says and does, most respondents seemed willing to forgive the discrepancies, having witnessed constructive changes in his attitudes and behaviors during the past three years. Several Hospital staff claimed that many employees, especially those providing direct patient care, have a limited and distorted perception of the CEO's leadership, possibly because they have not reaped the benefits of a direct working relationship with him. A short,

three-year tenure as CEO, they argue, has also limited the extent to which his leadership can be perceived. Nevertheless, considering all of the evidence, the CEO is an obvious leader to the respondents and, as such, has been able to change his own life, the working life of his associates, and the destiny of the Hospitals. His commitment to the values of caring, excellence and stewardship have contributed significantly to his leadership.

When we reflect back on the literature and its relationship to the findings, we discover that Hassen's (1992) call for leadership with a guiding vision, passion, a deep sense of caring, integrity, curiosity, and daring can be found in the words and actions of the CEO of this Hospital. Here we find the type of leadership, that is, philosophy-in-action, that Hodgkinson (1986) claims to be either missing or in short supply. The CEO's values are grounded in a deeply religious upbringing and highly academic medical career. The values inherent in such a grounding (like care and concern for your fellow man, and using research results to improve health outcomes) were espoused by the CEO and could be clearly seen and heard in his daily activities. Recent personality trait studies claim that belief in an internal locus of control contribute significantly to leadership effectiveness (Boyatzis, 1982) and we find the evidence for this in the discussion of self-development. Argyris and Schon (1978), who developed the theory about the differences between espoused values and values-in-use, claim the narrower the gap between these two, the greater is employee satisfaction, growth, self-expression, and maturity. Comments from Hospital staff such as, "He's the reason I'm here" and "I want to emulate him," provide evidence of employee satisfaction and growth.

The Values Leadership Model (Fairholm, 1991) has worked fairly well for analyzing this portion of the research findings. It was not difficult to fit the data

into the definition of values and there was no ambiguity or overlap among the values. It was, however, difficult to appreciate the general nature of the Leadership theme in the model. As the author proceeded with the analysis of data under subsequent themes, it became clear that findings analyzed under the Leadership theme could also be analyzed under, for example, the Vision theme. It appears as though Fairholm (1991) has developed a model moving from the general to the specific; or from philosophy (caring, excellence) to action (creating an excellence culture, teaching) and finally to results (autonomy). These patterns should have been described by Fairholm when he introduced the model, although the writer is not sure if he was aware of, or intended, these patterns. Knowing this from the beginning could have mitigated the resulting confusion and frustration as the researcher proceeded with the analysis.

One limitation of the VLM arose under *self-development*. The CEO believes that one can be honest only to the extent that he knows himself. That the CEO is committed to self-development was clearly evident but the VLM did not allow for the corollary of self-development, that is, a more truthful or honest understanding of self. Further discussion of the limitations of the model around the value of honesty can be found in the next theme.

Theme 2. Vision

This theme, as do the next three, further refines the overarching first theme of leadership and the concomitant modifier, development.

At the heart of vision is the mind of the leader, from which a dominant concept of operation emerges. The VLM explains that group members need a central, guiding purpose toward which they can extend mutual efforts. It is the opinion of the researcher that the vision that will now be discussed emerged because the CEO, the appointed leader, also needed to have a central, guiding

purpose and that he believed it was necessary to transmit that to all with whom he worked. The vision theme will be described using five values: respect for life, liberty or freedom of choice, justice, unity, and happiness.

Respect for Life

Respect for life means protection of life, the quality of life, and respect for each person's right to safety, security, and continuation of life (Fairholm, 1991). Leaders who incorporate this value into their vision in ways that honor and respect the humanity in people and trust in their essential goodness find that it energizes followers. Common courtesy, empowerment of stakeholders, celebration of member success, and protection from harm or wasteful relationships are examples of actions communicating respect for life.

From the CEO's perspective, this value can be found in statements such as: "I wanted my work done versus her very desperate need to have a connection with the outside world, a stable work situation and cash flow" and "it's a government job, a stable institution, there are good human rights components to the work force policies, there is pay equity: there is a lot of protection for these individuals . . . ." In both these cases he was verbally indicating support for the right of people to have a safe, fulfilling life and we see in one case he favored the needs of the organization over the needs of the individual and in the other he favored the needs of the Hospital staff over the needs of the governing Board.

This value can also be found, from the CEO's perspective, in the second Hospital Guiding Principle which is "cultivating an atmosphere of trust, respect, and dignity in all our relationships." These principles were developed and implemented, through the counciling efforts of the CEO, to focus the attention of the Hospital staff on what he believed to be important.

While not explicitly evident, one might infer from the CEO's discussion that his commitment to honesty reflects a respect for his own life; that it may be rendered safe, secure, and imbued with quality if he developed trusting relationships with others. To do this he was willing to risk openness with others (to the extent that he was honest with himself) and this was confirmed and emphasized repeatedly by all of those working closely with him. Consequently, trusting relationships were developed, along with an enhanced sense of predictability and stability.

From the perspectives of the Hospital staff, the CEO peers, and the researcher, there is action evidence supporting the CEO's subscription to this value. A director claimed that the CEO listens in a way that creates an atmosphere of trust in meetings such that he is comfortable putting forward positions not previously discussed with the CEO. Another director told us how the Hospital had been protected from [a misappropriation of funds] when the CEO expediently removed [an employee] from his management position, while at the same time he protected [the employee's] dignity by allowing him to resign rather than fire him. The Board Chairman explains that it was the CEO's willingness to listen and to teach that mitigated a dispute in the Neonatal Intensive Care Unit which resulted in better medical coverage and prevented the Board from becoming embroiled in a public relations issue. From the researcher's perspective, the CEO's willingness to meet face-to-face with all of the Hospital staff in small groups to discuss the meaning and use of the Guiding Principles serves as an example of respect for employees' right to safety and security, and of a desire for them to take control of their own work situation.

Liberty

Liberty in the VLM means freedom of choice, freedom to do as we ought, and freedom within the constraints of a given situation (circumstantial freedom). It implies that people want a measure of control over their lives. Leaders subscribing to the value of freedom behave in ways that empower their people.

When the CEO said he's never had a boss he hasn't had trouble with over issues of control, it is reasonable to infer that freedom to do as one ought is an important value from the perspective of the CEO. While he was willing to accept a boss's need for control over institutionally important issues, he was less accepting of his need for control over trivial issues, such as hiring a friend for a job while forsaking a more qualified applicant. In such a case, the CEO contends this control simply contributed to the boss's symbolic image of power. This, he submits, presents a dishonest and insincere representation of freedom of choice. In contrast, he claims that he can accept a huge amount of, what would appear to be, trivial control in his working relationship with government employees because they work in an ever-changing political context over which they have little control. Thus, he can work quite freely within the constraints of a given situation.

Corroboration for the CEO's perspective on liberty was found in a special Hospital bulletin written by the CEO announcing a Town Hall meeting, which said, "there will be an opportunity for staff to ask questions and offer feedback." When the Town Hall meeting actually took place the CEO invited staff to participate and allowed plenty of time for questions. From a broader perspective, the CEO expressed his support for freedom of choice in a local newspaper article by saying, " we invite the public to participate in redefining the health system of the future."

There are some instances in which the CEO obviously supports liberty, according to the Hospital staff. A secretary says she was given full ownership of activities and allowed to "run with it"; a director indicates that the CEO gives him a lot of rein to do his job and supports him if he makes a mistake; and two Vice-Presidents claim that the CEO allows them to do their jobs with minimal interference. A Clinical Nurse Specialist adds another perspective by noting the CEO's spirit of inquiry, describing him as a free thinker and willing to question entrenched beliefs. By opening himself to all possibilities, others were free to express themselves openly and honestly. We can see here, as in respect for life, how the notion of honesty infiltrates this value.

Support for this value was less evident when the CEO insisted that a secretary stand until asked to sit, demanded that a Vice-President think through each problem, and displayed angry non-verbal behavior during a meeting with the Medical Advisory Committee. At the time of these incidents the respondents felt constrained by what they thought was rigid behavior; however, they later acknowledged that they had learned something about themselves as a result and modified their own behavior.

The CEO's peers support the view that they can be free in their relationship with him because of his honesty and his obvious pleasure in learning about his increased obligations. However, they were unanimous in their opinion that the CEO would not allow people the freedom to make fools of themselves; in such instances, the CEO would likely react quickly and perjoratively toward those he considered fools, leaving them feeling embarrassed or humiliated. They believed the CEO's behavior signaled a firm, even rigid, commitment to a very high standard of performance. We can recall here, the CEO's prevailing concern with his intense, reactive personality.

Justice

Justice refers to fairness and, within the context of the VLM, represents how leaders should treat people in social communication. It suggests that leaders have respect for the individual rights of group members and equity in application of rules. Differentiation of behavior toward each individual recognizes special and unique needs. Strict equality may not always be just when individuals have different needs, levels of experience or training.

Three situations previously identified in the CEO perspective involved fairness and include dismissing the secretary, contracting-out staff and chairing the Cardiovascular meeting. A closer examination of the CEO's actions in these situations reveals a pattern: each time, he sought more information to help him make a sound decision. He was not satisfied to make a decision based on his own self-interest or that of other vested-interest groups. This action required that he and others give due consideration to the best available data to increase the likelihood of arriving at a fair solution.

Another example of the CEO's perspective on justice can be detected in a letter of response to a patient complaint in which he invited the complainant to meet personally with the appropriate hospital staff to uncover the details of the incident. At the end of the letter he wrote, " If I, or other senior members of our administrative or medical staff can be of assistance, we would wish to help you in any way you consider appropriate." In this instance, the CEO recognized the complainant's special need to more completely understand what went wrong, and took action that may have helped her feel that justice had been served.

The concept of equity in application of rules came to life in the actions of the CEO when one of the Hospital staff tried to arrange a sales presentation to the senior executive group. The CEO adamantly refused to allow it: no other

sales representatives were given the same opportunity and the CEO did not want to be seen as favoring one supplier over another.

A Vice-President's opinion of the CEO is that he works with people as individuals, that is, he treats strong people very directly, and the weaker ones with more sensitivity. He added that, in spite of individualized consideration, he does not display favoritism and treats everyone fairly.

Contrary to this view, another Vice-President and a peer CEO describe incidents in which the CEO appeared to be showing favoritism. In the first instance, the CEO allowed a secret meeting of the medical staff to take place, which he would not have tolerated from any other group. In the second, the CEO publicly and contemptuously criticized nursing research, leading others to believe he favored medical research over other kinds of research. These actions were characterized as elitist and served to sully the CEO's reputation for being fair-minded.

The researcher observed in a Medical Advisory Committee meeting the CEO's firm commitment to equity. With a stern, serious facial expression and a clear, slow, quietly emphatic tone of voice, he challenged the [physicians], who were providing public [diagnostic] services at the Hospital concurrently with private diagnostic services in the community. In the hospital, [a certain diagnostic procedure] was not indicated for diagnosing prostate cancer, but in the community, where the patient pays [$1000.00], [the same diagnostic procedure] was indicated for diagnosing prostate cancer. He challenged the [physicians] to explain the difference to the public. Based on the CEO's words and non-verbal behavior, the researcher reasoned that the CEO was angry over what he believed to be a case of injustice and probable dishonesty.

Unity

Unity, the state of being one, recognizes the innate need for people to work in harmony with others; to love and be loved and respected by others. A sense of excitement and commitment can result when one feels unity with those around them. Within the concept of the VLM, unity is most obvious in team orientation. The leader demonstrates adherence to this value in actions that build team relationships and foster in organization members feelings of ownership of the common goals and tasks.

There was limited evidence from the CEO's perspective supporting group unity. What evidence there was may be found in the CEO's anecdote about disunity. The CEO related an incident which caused him considerable confusion and disappointment. It involved a retreat of the budget task force, a group of senior executives assembled by the CEO in the spirit of participative management whose purpose was to develop innovative strategies for reducing fiscal inefficiencies. During the retreat, task force members became confrontational and competitive, resulting in an unproductive and acrimonious meeting. Very few significant or innovative strategies were proffered and ill will prevailed. Over time, the CEO tried to understand why the meeting failed and concluded that, at the time, the group members did not appreciate the seriousness of the Hospital's fiscal vulnerability. He continues to ponder about the lack of group cohesiveness and commitment.

From the Hospital staff perspective, a Vice-President was perplexed by the CEO's reluctance to restrain rude, harassing staff behavior; another Vice-President, who attended the meeting cited above, perceived that the CEO disliked groups and lacked warmth; a director sensed that the CEO didn't like to speak to groups but does it because he thinks it is important; a Clinical Nurse Specialist

said he was surprised by the CEO's reluctance to confront a backward and stagnated Division of Nursing and also noted that the CEO appears to be a private person. In all of these examples, an uncomfortable and unproductive distance was created between the CEO and Hospital staff.

They all agreed, however, that the CEO had improved his presence in meetings and was making a sincere effort to participate more effectively. Taken together, these opinions could mean that the CEO, in the past, has valued autonomy over unity and is now attempting to learn how to join people together in a common purpose. We recall that the CEO is a physician whose profession strongly endorses autonomy.

While group unity was not obvious as a value held by the CEO, unity with individuals was a pattern clearly evident in the perspectives of the Hospital staff and CEO peers. Honesty and integrity were highly valued by the CEO and his associates, and these shared values provided a strong measure of unity between these individuals and the CEO. Unity often resulted in lively and constructive one-to-one communication, a more enjoyable and productive work environment and confidence in the future of healthcare. We note that one-to-one unity is not emphasized in the Values Leadership Model.

A pervading perception from all perspectives is that the CEO authored and is living the Hospital's Guiding Principles (see Appendix D). The development and use of the principles, for many, have provided an unprecedented sense of connection with the CEO, and enhanced their sense of purpose and satisfaction in their work. The CEO's almost constant focus on the interests of the patient in his daily deliberations is congruent with that of other healthcare professionals within the Hospital and his peers in the larger healthcare community. In addition, the CEO's obvious allegiance to the second principle, which asks that we cultivate an

atmosphere of trust, respect, and dignity in all our relationships, resonated with many and engendered a feeling of hope that they could improve themselves and their relationships with others. The researcher suggests that the Guiding Principles, and the living proof of them as exemplified in the words and actions of the CEO, are the single most unifying force in the leadership of the CEO. That sense of unity is what prevented several of the CEO's colleagues from resigning their positions.

A final observation concerns the staff and peer perspectives on disunity, that is, what happens when the CEO and others are not united on a particular issue. Disunity implies distance, as opposed to closeness, and some argued that certain CEO actions created this distance: the secretary was asked by the CEO not to take a seat in his office; following the budget retreat, the CEO became distant, critical, and began to communicate by memo; and, at times, his anger was communicated through body language which included a stern, serious facial expression, rigid posture, and clear, emphatic, almost threatening voice tones. According to several of his colleagues, this distancing or rejecting behavior had a devastating effect on many, more profound than one might expect. We recall that the secretary was "scared spitless" and the meeting between the CEO and the Medical Advisory Committee became tensely quiet when the CEO spoke. One speculates whether or not the CEO was aware of the effects that such behavior had on his colleagues.

Happiness

Happiness is the last value to be discussed within the vision theme. It refers to an ultimate good, the aim of life. All other needs, when fulfilled, contribute to our happiness. Quality factors, ethics, prudence, temperance, fortitude, fun, pleasure, and tranquility can be considered aspects of happiness

(Fairholm, 1991). Those that do not recognize, at least minimally, this innate desire find that staff will expend energy in seeking happiness at the expense of the group. It is most often the case that happiness is a by-product of a vision that gave high priority to one or more of the other values. Happiness is marked by a show of enjoyment, cheerfulness, contentment, adaptation, good will, laughter, lightheartedness, or joy.

Happiness was not strongly emphasized in the perspective of the CEO. However, there are some examples appropriate to this discussion. "What an intelligent group of people. Oh joy!" were the words spoken cheerfully by the CEO to describe how he would feel if a group was able to successfully deal with an issue, that is, to enter into a balanced dialogue and support its rhetoric with the best available data. When asked if he was happier now than when he was 25, he revealed that he was ". . . a lot less driven . . . I'm able to saunter . . . I get a lot of comfort and peacefulness . . . and the sun will come up tomorrow, tomorrow will be better." In a letter written to a patient he wrote, "since you tested my sense of humor, I will reciprocate . . . ." One could imagine here that he was smiling as he was writing. And finally, he had a tender smile on his face when he discussed the powerful influence of his wife's character on his own.

Adaptability, or the ability to roll with the punches, is an aspect of happiness and this was evident in his response to the lottery decision, previously discussed in the section on *self-development*. After he had listened to the views of others, who thought of the lottery as a charitable donation, he said to himself, "Well, what the heck. This wasn't an element I'd factored in so I don't have anywhere near the moralistic views about that." In another example, previously discussed in the sections on caring and unity, he describes his philosophical stance on the acrimonious budget meeting: "I'm a very strong believer in the

wholeness of diversity . . . a homogenous group who is always united on everything very easily goes down a misled path . . . I see it as desirable and beneficial in the long haul, even though the hour might be awkward and painful." We recall in Chapter V, p.62, a director's confusion over the CEO's reluctance to limit rude, harassing staff behavior and one could question, in this example, whether the CEO chose the values of excellence (in self-development) over the value of unity (in a group). In addition, one could also infer that intelligent foresight, or vision, has a place in this example.

From the perspectives of the Hospital staff and the CEO's peers, happiness or its derivative, was rarely identified. Two staff members identified his sense of humor as something they admired in the CEO, which balanced his stern, imposing countenance. However, when we reflect on the CEO's views on diversity above, we see more evidence for the converse of happiness (displeasure, annoyance, contempt) than for happiness.

In contrast, the researcher's perspective was replete with examples of enjoyment, good will, and repartee. During the Auxiliary Luncheon he used humor frequently in his social interaction with the attendees and during his formal presentation. Following the luncheon he smiled and said, "Wasn't that fun? I really enjoy doing things like this." At the Board meeting he quipped "there is another good idea I voted against!" In a meeting reflecting on the Guiding Principles, he had everyone laughing when he said, playfully, that he didn't want wallet-sized copies of the Principles "to go from the printer to the back pocket without going through the head." The tension in the Medical Advisory Committee meeting was relieved somewhat when the CEO lightheartedly indicated that the reduction in waitress service at the Hospital served the purpose of fiscal restraint but created a problem of public relations.

Finally, at another staff meeting he admitted that in the past it was assumed that nurses and doctors knew what worked but "nothing we know about keeping a patient in bed works!"

In all of these cases, the CEO appeared to be enjoying himself. He smiled often, although rarely did he laugh out loud. His eyes were bright and often he would lean back in his chair with his hands behind his head. His skill and cleverness in conversational wit seemed to enliven the meetings and produce a sense of camaraderie.

Interpretation

This discussion, as in the previous theme, is divided into three parts: the conclusions we can draw from the analysis, a reflection on relevant literature, and a critique of the second part of the VLM.

The vision theme has been presented by way of a discussion of values which included life, liberty, justice, unity, and happiness. Compared to vision described under the leadership theme, it describes in more detail how the CEO's vision can be inferred from his words and actions. The scope of his vision begins with his own inner vision of the ideal self, against which he compares himself. It expands to include a vision of the ideal Hospital employee, confirmed in the Guiding Principles and a restructured future healthcare system, manifested in the Acute Care Funding Plan. Threaded throughout the scope of vision are the values identified above.

The values have been analyzed by describing the perspective of the CEO (his words) juxtaposed with the perspectives of the Hospital staff, the CEO's peers, and the researcher (his words and actions). We find that, to a considerable extent, the perspective of the CEO is congruent with that of the others. This is

especially evident in the discussions about fairness (justice), an intense, reactive personality (liberty and unity) and personal growth (self-development, caring).

In addition, we note that there was substantial evidence illustrating the CEO's commitment to the values of life, liberty, and justice, and less evidence supporting his commitment to group unity and happiness. However, the CEO and many of his associates acknowledge that he is a leader-in-progress, that is, it is likely that he will further commit himself to unity and happiness, rather than disunity and regret. Donabedian (1973) claims that a change in values is possible, but only over the long haul through personal reflection and adjustment.

Taking all five values together under the Vision theme, there is ample evidence that the CEO's everyday leadership activities were guided by his own inner, central purpose of vision of what is right. A plethora of examples illustrate how those closely associated with him see, hear, understand and bind themselves to that vision. What is missing is evidence that this vision has been transmitted and accepted by lower ranking Hospital staff. The Clinical Nurse Specialist believed that most of the 5,000 staff members did not know or appreciate the strength of the CEO's leadership. We note that the Senior Executive, Provincial Health knew more about him than the Hospital Materiel Management staff. It was only near the end of his tenure that he initiated informal gatherings with groups of employees to thoroughly review the Guiding Principles. Many were genuinely disappointed that they had not gotten to know him sooner. Notwithstanding the missing evidence, we have to interpret the behavior of the CEO as that of a visionary who successfully communicated his vision to those with whom he worked every day.

Contrary to what his associates and the researcher might interpret from his behavior, the CEO interprets his behavior as simply doing the best he can with

every task or opportunity that presents itself to him. He responds to his work in a spontaneous and unrehearsed manner. Nevertheless, it was important to him to begin investigating the concepts of moral leadership, while forsaking the latest leadership dogma such as the Total Quality Management movement or Patient Centered Hospitals. The researcher suggests that the CEO is beginning to develop insight into the impact of his behavior on others, including his family, and as a result is making a conscious choice to temper his intense, reactive personality with patience and understanding. Where his words and actions wounded others in the past, they might now serve to instruct. As he claims, "I am a coach, a facilitator. I am not in charge."

The findings support research in the behavior era in which Likert (1961) suggests that leaders must take into account the expectations, values and interpersonal skills of those with whom he's interacting. Evidence for this is found in the discussion on unity where the Guiding Principles were believed to be an important link between the CEO and the staff. The findings are also congruent with the literature on transformational leadership. Bass (1990) suggests that transformational leadership results in the expansion and elevation of employee interests, increased awareness and acceptance of the purpose and mission of the group, and motivation of employees to look beyond their own self interest for the good of the group. Doctors discussing the use of diagnostic services were emboldened to think not just of themselves but about the public who was needing the services. Staff members attending the meetings on the Guiding Principles were more willing to accept the turbulence and uncertainty in the Hospital environment when they were reminded by the CEO of the Guiding Principles and the reassurance they could find in them. Finally, the Hospital Board was persuaded to retain the housekeeping staff because they agreed with

the CEO that they could cause unjust, long term, deleterious, social and economic effects on that group. Kranz (1990) says that the leader's values, spiritual and otherwise, must serve as the primary organizing principle for action and we find this to be the case with the CEO in this interpretation of his values.

Some limitations of the VLM, in the opinion of the researcher, became more evident at this stage of analysis for categorizing the study findings. That the five values identified by Fairholm (1991) are the bedrock of democratic processes and are cherished and shared by most is acknowledged. However, as in the first theme, the researcher was unable to find a place for full discussion of honesty and openness, considered by 1,500 managers in a study by Kouzes and Posner (1987) to be the characteristics most sought and admired in their leaders. It was also the value the CEO found most lacking in his everyday work life and the value the CEO's associates cited as one of the CEO's most obvious strengths. The researcher attempted to incorporate honesty under the values Respect for Life (p.112), Liberty (p.114), and Unity (p.118) but found this to be unacceptable. One of the tenets of qualitative research is the data must be allowed to speak for itself and it became obvious the researcher was trying to fit the data to the model. The solution, of course, would be to make honesty a distinct part of any values leadership model.

Another limitation occurred in the discussion under the value Liberty (p. 114). Fairholm (1991) states that the leaders subscribing to this value behave in ways that empower their people. The data from the CEO's perspective include actions he took to empower himself, such as seeking additional information on the housekeeping staff in order to influence the Hospital Board, and removing himself as a subordinate to a controlling, image seeking boss. The VLM does not incorporate the notion that the leader also behaves in ways to empower himself.

And finally, under the value Unity, group unity with the CEO is emphasized in the Model at the expense of one-to-one unity with the CEO. The data, on the other hand, tell us that the CEO meets frequently with his associates and that they derive great satisfaction, as well as some important insights, from these encounters. If it is true that leadership is "a subtle accumulation of nuances, a hundred things done a little better" as Fairholm (1991, p. 146) claims, then it follows that one-to-one interaction with staff members would be very important. Fairholm (1991) does introduce one-to-one joint counciling as a technique later on in the model but, at the very least, one-to-one unity should have the same emphasis under this value.

Theme 3. Creating an Excellence Culture

Culture refers to the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought which characterize a community or population (Fairholm, 1991). Within the context of the VLM, culture determines organizational practice and validates that set of practices. It includes the history of experience, the values held, the way the group solves problems, and what the group considers a problem in the first place.

Organizations appear to develop cultures that incorporate the values and practices of their leaders and they tend to rely on only a few values. Creating and maintaining a culture conducive to attainment of personal and group goals is, therefore, a hallmark of leadership.

The focus of this theme is the techniques or actions used to create and manage culture, which differs somewhat from the first two themes where techniques were mentioned but the focus was more personal and philosophical. The techniques identified in the VLM include setting standards (or norms) and values, strategic planning, fostering change, and adopting modern electronics.

They are described under the values of quality service, innovation, and team approaches.

Quality Service

All of the perspectives analyzed in this case study revealed the CEO's commitment to a broad interpretation of quality service. To many in healthcare, the provision of quality service centers on the patient; however, the CEO's perspective also includes self, patient, Hospital staff, colleagues in the community and government, and the general public.

Providing service to oneself, or helping oneself, implies a desire to move beyond a present state of being, to one that is improved or enhanced. One way for the CEO to achieve this improvement was to accept the position of CEO of an organization he describes as "a good outfit, one that is well run and striving for excellence." The position of CEO has provided him an opportunity to foster change in himself by further examining his own motives for his responses to others and for the decisions he makes, and by learning about and appreciating the perspectives of a wider audience of health care professionals and the public. In his quest for self knowledge, he has had to overcome his own human weaknesses such as pride, over confidence, and prejudice. As a result, he is more honest and true to himself, an aspect of leadership he considers to be very important. His statement that "One should be decent regardless of the issues" conveys, in part, his view of how he should behave. It would seem, from the CEO's perspective, that the provision of quality service begins with helping or serving oneself by paying attention to one's own shortcomings.

Cultivating an environment that focuses on quality services to the patient was an important component of the CEO's leadership. The Guiding Principles, implemented a year following his appointment as CEO, begin with : "Our

university health care centre expresses leadership by providing exemplary personal health care; compassionate, advanced and effective." This is an example of his use of carefully crafted language to communicate what it means to provide quality services to the patient, and sets the standard for personal and professional performance.

This message was clear and supported by others: "it is important to have someone you can rely on to make decisions in the best interest of the patient" *(Director B)*; "patient advocacy is a central value in my work and I know the CEO is in accord with that value" *(Director C)*; "the patient's welfare is uppermost in both of our minds" *(Clinical Nurse Specialist)*; "I would have difficulty believing he had anything but the patient's interest in mind" *(Peer CEO A)*; and finally, the CEO asked the staff, "do you want to be remembered by a diagnostic MRI unit or as a caring, tender hospital" *(Researcher Observation)*.

The CEO demonstrated, by word and action, his responsibility in providing quality services to the Hospital staff, who he may have regarded as one of his client groups. According to his secretaries, with whom he likely worked most closely, his daily work habits were characterized by organization, courtesy, and dependability. It was a pleasure to work for him because the office ran smoothly and calmly, without the vicissitudes encountered with other bosses. In addition, staff comments such as "in public he's a thoughtful and caring gentleman," "his personal conduct is polished and considerate" and "he's a statesman," provide evidence of his commitment to decency and quality service to others.

Actions such as removing the ostentatious furniture in the CEO's office and replacing it with more practical and comfortable furniture, allowing staff to make individual appointments with him, eating meals in the cafeteria, pouring

coffee at meetings, and providing personalized advice to several staff members symbolized to staff that he was accessible and willing to help. Perhaps the most salient illustrations of his willingness to help occurred when he judiciously intervened at the time of the death of a much loved member of the nursing staff; and he provided staff members with information, comfort, and support during a meeting on the Guiding Principles. All of this had been seriously lacking up until the meeting. One staff member responded poignantly: "If only we had heard this more often. The stony silence is unbearable. We expected a higher level of compassion from senior administration. To hear that you care makes a difference."

The CEO's attention to quality was observed by his colleagues in the community and the general public. The Chairman of the Board reflected on the CEO's "first class preparation and organization of the issues brought forward by Board Committees." In the opinion of his peers, he approached issues with good evidence and a sound, reflective, analytical process which allowed others to make a reasonable interpretation and choose an appropriate course of action.

The larger public was made aware of his commitment to quality when, under his direction, former patients were surveyed for their opinion on the standard of service provided by the Hospital. In addition, a newspaper article, read by many local citizens, described how the CEO and the Hospital were willing to do their part in "preserving the very best programs currently offered by hospitals throughout the province."

The above discussion focuses on the CEO's commitment to the value of quality service. One can see that he sets standards and fosters change by way of the following staff comments: "He's been instrumental in changing attitudes and culture of the Hospital, certainly more than any other person with whom I have

worked" *(Director A)*; "other bosses were just bosses, but the CEO made me think about values because he acted them, not because he said so" *(Secretary B)*; and, "The CEO is a role model for me. He reminds me of what I want to be" *(Clinical Nurse Specialist)*.

Innovation

When asked what persons most influenced his life, the CEO described, among others, a teacher who was always full of ideas that were not in the textbook, and had notions about life and the world that were not part of the course curriculum. Innovation is about new and unusual ways of thinking about and doing things and this appears to be important to the CEO, although it is not directly identified from the CEO's perspective.

There was only one example in the CEO's perspective where the CEO clearly identified his desire to have innovation guide the discussion. It involved the Budget Task Force wherein the CEO advised the participants that nothing would be considered sacrosanct. But the notion of innovation was lost on this group because, the CEO believed, the full impact of a budget shortfall was not yet clear to them.

The decision to retain the Hospital support staff was an unusual way of handling a budget shortfall, given the tendency for other hospitals to carry out a contracting-out initiative. His view of what innovation means to him could also be discerned obliquely when he said that much of what is written on leadership and hospital management today is not fresh or new to him. He indicated that allegedly innovative concepts, such as "patient-centered hospitals" and "total quality management," do not attract his attention or support.

A few written documents revealed the CEO's support for innovation including: a newspaper announcement in which the CEO says, "Dr. [_____'s]

recent pioneering work evaluating the effectiveness in interventions in health care has resulted in the development of a program known as the Patient Care and Outcome Process (PCOP) which has attracted national attention"; and the sixth Guiding Principle is "promoting innovative research, evaluation, and continuous improvement of all our activities."

Several hospital staff identified the Guiding Principles as an innovative approach in hospital leadership and gave the credit for it to the CEO, as mentioned previously under the vision theme. Director B says, "It is uniformly said that there is not a hospital like this in the way it is run . . . the Guiding Principles **are** the CEO"; Director C says she knows of no other hospital that is led by principles that guide individual behavior. Most others focus only on patient care; and, at a Guiding Principles meeting, a staff member said, "This is the first time I worked in a place where these [principles] were in place. I'm very, very pleased."

Other staff say the CEO uses untraditional avenues to accomplish goals *(Director A)*, is a free thinker, willing to question entrenched practices and beliefs *(Clinical Nurse Specialist)*, and sanctions new ideas with enthusiasm: "Oh that's good. I hadn't thought about it that way. Let's try it!" *(Vice-President C)*. The CEO's innovation-in-action was seen by several staff when he proposed the astonishing idea of closing the Hospital in a Board meeting, and when he took the initiative to establish a new and improved relationship with the Provincial Health Department. This had the effect of freeing people from their comfortable positions and fostering an environment for change.

Team Approaches

Participation is embodied in the development of team approaches (Fairholm, 1991). What, and how, work is to be done is decided in concert with other employees. Members share responsibility, common purpose, and communication. Team building is a human relations activity; excellent teams demonstrate exceptional participation and communication, creativity and a rapid response to opportunities.

We recall from the CEO's perspective a discussion about his best moments with team members (see p. 49). He would say to them, "Here is the problem as we see it -- do you see it differently? Tell us about the other alternatives," and, in this way, drew staff into a meaningful, balanced, discussion of the issues. He claims that openness, that is, a willingness to share information and express yourself honestly, is critical to successful team efforts. To him, success meant group members arrived at a new wisdom in themselves; they set aside their individual positions in favor of a higher purpose and a unified outcome. The Guiding Principles, once again reflecting the values of the CEO, state, ". . . expresses leadership by: sharing expertise and resources within our organization and with the communities we serve, and nurturing staff to achieve their best." The success of team work depends, in part, on these two principles.

Observations from staff members such as "There is an atmosphere of trust in meetings. They are unrehearsed and I am comfortable putting forward unknown positions" *(Director A)*, "it's a whole bunch of intangibles like enthusiasm -- we enjoy what we're doing here" *(Director B)*, "he is also more likely to hear what others have to offer" *(Director C)*, and "he has improved his presence by holding face-to-face meetings with staff from all levels of the organization to discuss the meaning of the Guiding Principles" *(Clinical Nurse*

Specialist), leads one to believe that the CEO is making an effort to promote team work by improving his interaction with others.

There are wide-ranging examples, identified by colleagues, that demonstrate his success at building bridges so that people can work together more effectively. They begin with his family and follow through to his relationship with the government. Three staff members identified several occasions when the CEO involved his wife and children in his work at the Hospital, which signaled to them his ability to connect the family team with the hospital team. Within the hospital, he encouraged the staff in the office of the president to work with him as equal members of a team. The success of this team was identified in the commitment of the staff to their jobs, extraordinary communication among the staff, and rapid and efficient responses to challenges. In a meeting on Acute Care Funding, he encouraged group members to continue the momentum in developing an outpatient funding formula and, through previously described non-verbal behavior, fostered an atmosphere that led to open, candid discussion.

Part of creating a culture of excellence is providing an historical context for one's work. While working with the Guiding Principles groups and the team trying to implement the patient care computer system, the CEO acknowledged past errors in judgement: "hospitals probably made a mistake in accepting corporate structure and terminology . . . rather than focusing on who manages who, we should be focusing on how we work together" and "it was a daunting challenge, an enormous penetration of the organization, and we are haunted by the initiative. It is time to re-group. We can remember from Proverbs that where there is no vision, people perish." In both of these in-hospital cases, the staff

began to openly express their frustration and then work toward creating a preferred future.

Team building between the Hospital and the community was cited by Hospital staff and peers as one of the CEO's strengths: "the CEO visited three nearby non-urban hospitals to see his neighbors and get a fuller picture. . ." *(Vice-President A)*; ". . . most obvious action the CEO took when he took the position was to establish a better relationship with the Provincial Health Department" *(Vice-President C)*; and " . . . the CEO's initiative in building an improved and constructive relationship . . . not just in Health but also in Public Works and Advanced Education" *(Board Chairman)*.

The CEO believed team approaches were undermined by dishonesty, insincerity, and group-think. With trepidation, he acknowledged that we all have an inherent streak of dishonesty; nevertheless, in his view, people who are not true to their agreements or commitments, or who say things which are intended to mislead, are dishonest. He described insincerity as "those who are not completely happy with who they are and are wanting to invite people to see someone else." When members of a group are reluctant to express themselves openly, because of a stronger commitment to group norms than to a search for the true position, progress is significantly impaired, he asserted.

We reflect again on the lack of team work in the Budget Task Force case. Although he did not have a complete understanding of what happened, the CEO suggested there was an element of duplicity; the group had all the skills and knowledge but would not give the issue the thorough and credible commitment it required. We recall how a Vice-President described the same meeting as confrontational and laden with emotion, with participants vying for control. We

also recall a Director's surprise when the CEO ignored unacceptably rude, even harassing behavior.

There are a number of plausible explanations for this ineffective team work. A Vice-President suggested that the CEO was uncomfortable in emotional situations and tended to distance himself by philosophizing about the issues. In addition, the CEO admits he has a prevailing concern with his intense, reactive personality and with what his daughter described as his authoritarian method of handling people. Perhaps his frustration and disappointment was obvious to members and distracted the group from the purpose. Another possibility concerns a reflection on the CEO's commitment to the principles of respect and democracy. He says, "I allow the force of competing interests and other forms of logic and perspectives to carry the day . In the best of times I'm pretty comfortable with democracy being important in the long-term, broader ethic." It is possible that by tolerating the behavior of group members he was adhering to those principles. The researcher reasons that the Budget Task Force story serves to illustrate leadership-in-development, that is, the CEO's continuing struggle to work within groups and foster team work.

Interpretation

This discussion, as in previous themes, is divided into three parts: conclusions we can draw from the evidence, a reflection on relevant literature, and a critique of the third part of the VLM.

Creating and maintaining a culture of excellence is an evolutionary process. During his tenure, the CEO was the inspiration behind the development of the Hospital's Guiding Principles. These Principles have provided the mechanism for setting standards and values and fostering change; they represent

ideal personal conduct, with which all of the Hospital staff can identify. Quality service, innovation, and team approaches were values identified in the Principles.

Throughout this discussion we have been able to observe those values, alive, or coming to life, in the words and actions of the CEO. There was ample evidence from all perspectives that the CEO valued quality service and innovation. While they were obvious in his words and actions, they were also seen in the more subtle, caring, non-verbal cues such as leaning forward across the table, making direct eye contact with team members, listening intently, pouring coffee, smiling and using humor, eyes bright with excitement, and relaxing with his shirt sleeves rolled up and leaning back in his chair with his hands behind his head. These, too, are important aspects of creating and maintaining an excellence culture.

In the discussion on team work, notwithstanding his wide-ranging efforts to build bridges, respondents representing all perspectives acknowledged some caution regarding the CEO's success in creating a team environment. This may be a result of principles-in-conflict, that is, the principle of cultivating an atmosphere of respect pitted against the principle of nurturing staff to achieve their best. Or, as some claim, he's still learning and hasn't been in the position long enough to have mastered this skill.

We can conclude that the CEO strives to continue to create an excellence culture within the Hospital. What prevents him from achieving excellence, in his view, is impatience, and his humble, small-town background where matters of a personal nature are kept to oneself. Yet, the meetings on the Guiding Principles were characterized by an outpouring of personal views.

When we reflect on the literature, we are reminded of the definition of leadership espoused by Yukl (1989), that is, leadership is an exercise of influence

resulting in enthusiastic commitment by followers. It is a testament to the leadership of the CEO that several staff members were staying in their jobs because of him. The Hospital Board Chairman and the Senior Executive, Provincial Health indicated their deep satisfaction in their working relationship with the CEO and because of that they had hope for, and confidence in, the future of healthcare. On the other hand, the Materiel Management staff displayed stubborn resistance (in their office, they turned the framed Guiding Principles upside down) because of internecine strife with their own bosses and little or no contact with the CEO. We would have to agree with the Clinical Nurse Specialist that the CEO's influence had not permeated the lower levels of the organization.

According to Conger and Kanungo (1987), one of the hallmarks of transformational leadership is the social sensitivity and empathy required to understand the needs and values of followers. During the development of the Guiding Principles the CEO invited hundreds of staff for input but failed, when they were implemented, to understand the consequences to the staff when the principles were violated, mainly by supervisors, in their everyday work life. During the research study, he came to understand how important it was to the staff that the principles *be lived*, not just hung on a wall somewhere.

Jaques and Clement (1991) claim there is a major social disease in organizations because of people in leadership positions who have less capacity to lead than their subordinates. They lack intellectual ability, values, the skilled use of relevant knowledge, and wisdom about people and things. "It is a powerful testament to the toughness and constructiveness of human nature that we are able to get any work done at all, so common is the disruptive state of affairs we are describing" (p. 42). Based on the testimonies of the CEO's associates, we know

the CEO has an extraordinary capacity to lead and, therefore, the results of this study do not support the above claim.

One final observation about the leadership literature is the absence of any description about the personal conduct and demeanor of the leader. The findings in this case, however, identify the CEO's mannerisms (non-verbal cues), stature, and vocal variety (pace, pitch, pause, inflection, volume, emphasis, projection) which his associates and the researcher used to confirm or deny the CEO's commitment to certain values. Howe (1988), a staunch believer in the compatibility between quantitative and qualitative research, says that as we try to grasp the meaning of subjects under study, we must not hesitate to use all the ways of knowing at our disposal. Thus, a closer study of verbal and non-verbal nuances would be an area in leadership worth investigating; it's risky though -- research at close range!

The VLM also misses the mark on the subtle art of communicating values by way of carefully crafted language, non-verbal cues, and body demeanor. Surely, this is a part of creating an excellent culture and should be included in any leadership model.

Fairholm (1991) also fails to acknowledge the role of intellectual capacity in his model. Kouzes and Posner (1987) suggest that leaders have, among other things, the cognitive ability to assess the situation and identify opportunities and constraints for implementing strategies. Bass (1985a) claims that intellectual stimulation is a central part of transformational leadership. Jaques and Clement (1991) say that cognitive power, or the innate mental ability to organize complex information, is critical to the capability of the leader to lead. The study findings substantiate these author's theories. For example, the CEO discussed his thirst for advanced intellectual stimulation throughout his life and seven of the eleven

interviewees talked about his very striking intelligence, that is, his ability to analyze a complex situation quickly and choose a course of action including the handling of people. They claim he was a crystal clear thinker, able to focus totally on an issue. Intelligence is a competence or self-actualizing value according to Rokeach (1973) and, as such, could be considered for inclusion in a leadership model. The question is should it be subsumed under the theme Creating an Excellence Culture or could it be categorized another way?

Theme 4. Perfecting Excellence Technologies

Fairholm (1991) defines technologies as the methods and materials used to achieve values leadership. This theme focuses on the values of one-to-one joint counciling with followers and teaching stakeholders. Counciling refers to calling together people for the purposes of consultation, deliberation, or discussion. The underlying premise in this theme is that leadership is personal and intimate, that passion, emotion and commitment bring to life a leader's style. It is many small acts involving the leader and individual followers rather than control over large collectives of people.

It is noteworthy that the title the author has given the theme is somewhat ambiguous: one would anticipate a theme focusing on efforts of the leader to improve technologies (or techniques) discussed in the previous theme, Creating an Excellence Culture. Instead, the author introduces two new values which, in the writer's opinion, are better defined as technologies and overlap with previously discussed values such as caring and unity. A critique of the Model occurs in the Interpretation section of this theme.

Counciling With Followers

While counciling typically refers to shared leadership among committee members, Fairholm (1991) extends the counciling relationship to include

individual contacts with individual followers. The technologies include common courtesy, management by wandering around, counciling behavior toward followers, paying attention to strategic vision, naive listening, using symbols, and celebration.

Many of these technologies have been discussed elsewhere in this study and include common courtesy (see the value CARING, p. 101), counciling behavior toward followers (see the value UNITY, p. 118), paying attention to strategic vision (see the theme VISION, p. 111), naive listening (see the value CARING, p. 101 and the value HAPPINESS, p. 120) and using symbols (see the value QUALITY SERVICE, p. 128). The remaining technologies, *management-by-walking around* and *celebration*, are discussed below.

The technology of *management-by-walking- around (MBWA)*, which puts the leader in touch with people at their work site, was conspicuous by its near absence in the data, at least within the Hospital walls. The Clinical Nurse Specialist (CNS) suggested that, because the CEO is a private person rather than a public person, he was reluctant to walk about the hospital to get to know people. In his opinion, about seventy-five per cent of the staff knew very little about the CEO and his values, except for the impressions gleaned from stories, conjecture, and large group meetings. This impression was confirmed in the views of Vice-President C who believed that the CEO's leadership had not permeated much of the hospital due, in part, to his short tenure (3 years) as CEO. Not once, during the three-month study, did the researcher observe the CEO spontaneously venture out of his office to talk informally with individual staff at their work site.

If one expands the technology of MBWA beyond the walls of the Hospital to the CEO's peers, then we find evidence supporting the leadership value of

counciling with others. More than any before him, the CEO attempted to reach beyond the Hospital to gather information and form newly defined relationships. Vice-President A recalls when the CEO visited three nearby non-urban hospitals to see his neighbors and get a fuller picture of the environment. Vice-President B claims that one of the CEO's most impressive actions occurred when the CEO visited the Senior Executive, Provincial Health, face-to-face, to establish a new and improved relationship.

The Hospital Board Chairman corroborates this view and adds that new lines of communication were also opened with Public Works and Advanced Education. Peer CEO A tells us that the CEO came to visit him shortly after he became president. He anticipated a meeting fraught with rivalry and instead was surprised by the CEO's enthusiasm for and commitment to his obligations. He claims the relationships the CEO has with government, hospital boards, and executives is the glue holding the restructuring of the healthcare system together. Finally, Peer CEO B believes the CEO values highly the concept of colleagueship; he has observed him building, with considerable energy, relationships on an as-equal basis, as partners.

Celebration is the last technology to be discussed under the value, counciling with others. Fairholm (1991) defines celebration as frequent group gatherings whose primary objective is to recognize and honor the individual performance of stakeholders. There is a paucity of evidence to suggest the CEO values celebration as a method of counciling with others. However, the researcher was aware that the Hospital held a Hospital tea every year to honor long service employees and that the CEO presided over the proceedings. Director C did notice that the CEO had become much more communicative since

he became President and would speak to large groups. She also sensed that he did not like it but felt that it was important.

In a large group gathering, whose primary objective was to review the Hospital computerized patient information system (see p. 85), the researcher noted the CEO's sincere and enthusiastic thank you to individuals (using their first names), for their energy, participation, and quantum of emotional investment.

Teaching Stakeholders.

Fairholm (1991) suggests that this second value, teaching, engages the leader in work to transform followers. "The intent is to enhance them, to inspire them to more fully use their special talents in task-related work" (p.175). Technologies illustrating teaching include: coaching, empowerment, cheerleading, placing priority on quality service, inspiration, fostering ownership, and quality circles.

Once again, the writer questions the overlap of this value with the others previously described, such as quality service and team approaches in Theme 3. Creating an Excellence Culture. The researcher hesitates to be repetitive during the analysis of the findings. On the other hand, we can accept that study findings can be categorized in several categories, not just one. Suffice it to say that the researcher will continue to indicate where overlap occurs so the reader may refer back to a previous discussion.

"I'm a facilitator, a coach, a guide" is how the CEO describes himself. An example of guidance is the story of the CEO's influence on the Hospital Board's decision to retain their own housekeeping staff. He provided the Board with more data on the staff and emphasized the long term harmful effects of reducing their salaries by half. The result was 300 people retained their jobs because not

one Board member could support disrupting the lives of so many people who were least able to defend themselves.

Another example in the CEO's perspective (see Chapter V, p. 50) concerns a request from a professor in a neighboring city for him to address a public forum on the future of health care. He claims the request gave him a chance to act not as a provincial healthcare leader but simply as a human being trying to get a diverse and divided audience to stand back and focus on alternatives for the larger problems, not their defenses. He facilitated the process by clearing his calendar to prepare his address and accepting calls from the organizers.

From the Hospital staff perspective, Secretary A states that the CEO is a natural teacher. He frequently gets her involved with Hospital activities and provides her a full picture of the organization. His peers also provide some evidence for his commitment to teaching, coaching and facilitating. Peer CEO A tells us the CEO advised his hospital to build their new geriatric services with their acute care hospital rather than with their Veteran's Hospital which proved to be the right thing to do. The Senior Executive, Provincial Health claims the CEO has been responsible for a substantial shift in how they looked at problems and how they looked at change; his problem-solving skills are well recognized and many other hospitals called on him for advice. The researcher observed on many occasions that the CEO would ask group members if they had any questions. Providing the answers afforded the CEO many opportunities to teach. In addition, he provided medical information to attendees at a Board Meeting so they could make a more informed decision about a patient care program and he provided historical context to those attending a Guiding Principles meeting so they could appreciate the present healthcare challenges. The researcher refers the reader back to the interpretation of the previous theme, Creating an Excellence

Culture and the discussion about intelligence. Perhaps it is here under the value of teaching that intelligence belongs.

Empowerment involves releasing power in others through collaboration (Fairholm, 1991). There is some evidence across the perspectives that the CEO values empowerment. The CEO never had a boss he didn't have difficulty with over issues of power, especially if the boss had to "look like" he was in control. The CEO says he had difficulty forgiving them for not being true to their high office, for saying, "don't challenge my authority." His frustration arose from his lack of power to change those circumstances. Nevertheless, eventually he chose the position of CEO where, he says, there was more opportunity to provide direction and to empower his co-workers.

The notion of empowerment can be inferred from statements such as : "He gives me ownership of certain things -- I can run with it. I feel like I could go the extra mile, stay a little longer to accomplish the task" (*Secretary A*); " He lets me attend all kinds of meetings normally only attended by other CEOs. He gives me lots of rein to do my job and he listens to my advice" (*Director A*); "He stays out of your hair if you are doing a good job" (*Vice President C*); and finally, "It was very important to him to have key people in the hospital have input. We need everyone pulling on the oars" (*Board Chairman*).

Further evidence of the CEO's commitment to empowerment came from the researcher's perspective. At the meeting to review the implementation of the computer systems, he said "You have our attention. You need to tell us what your expectations are and if they have been met." In the meeting on acute care funding he encouraged the group members with "You all need to have some say in the way this process is proceeding" and when a member had to leave early, asked him "Which of these initiatives would you like to be a part of?" In a senior

executive meeting he advised the group that the decision on the NICU was not theirs to make but that "the nurses and neonatologists working in the area need to decide on the feasibility of each alternative." And, finally, at the Guiding Principles meeting with the Materiel Management staff the CEO told the staff, "I welcome what you've said. We will take that to heart" and "We want ideas for making the Guiding Principles come alive. I care very much that people want to work here." In all those examples, the CEO was willing to share power or pass it on to those he believed should have it.

Yet, one director claims, the CEO is clearly decisive about those he believes should be empowered. He says the CEO is an astute and candid judge of people and will take untraditional avenues, such as striking a Task Force, to get things done if an individual or group is unable or unwilling to take on responsibility.

Interpretation

The interpretation is divided into three parts: the conclusions we can draw from the analysis, a reflection on relevant literature and a critique of the fourth part of the VLM.

Most of the substantial evidence that one-to-one joint counciling holds value for the CEO is contained in a description of other values including caring, unity and quality service. Under this theme, the counciling technologies of management-by-walking-around and celebration were not found to be emphasized by respondents from any of the perspectives.

We can see there is ample and consistent evidence across the perspectives that teaching or coaching stakeholders is important to the CEO. However, "reports that he doesn't suffer fools gladly" were iterated by many Hospital staff and his peers. One Vice President believes that the CEO's massive intellect can

leave people behind very quickly and the CEO becomes very impatient with what he considers shoddy workmanship. While they all agree he has mastered this deficiency to a large degree, there seems to be a limit to his capacity to teach and there are some who are now very tentative about participating in a discussion with him for fear of retribution. This limits his capacity to influence people and engage their enthusiastic commitment.

Reflecting on the literature, we find that there is very little in this theme that hasn't already been discussed in other themes. There is one area of literature important to this discussion, on counciling and teaching, and that is the adverse effects on his associates when the CEO displays anger, impatience or contempt in front of his associates or hasn't taken the time to ascertain staff concerns. A few reactions to these behaviors included, "I had to think about whether or not I wanted to stay here" (*Vice President A*), "I was very puzzled -- so out of character for him. I thought the idea was just plain dumb" (*Director B*), "You'd be devastated if [the CEO] 'got you'" (*Peer CEO A*), " It took me a long time to get over being intimidated by the CEO. I tippy toed at Advisory Committee Meetings" (*Clinical Nurse Specialist*), and "People feel they can't possibly live up to his standards (*Peer CEO B*). These reactions to CEO behavior tell us that feelings of distrust, hopelessness, fear, frustration or embarrassment limited the ability of some to do their job with a sense of commitment. This is supported by Jaques and Clement (1991) who claim that defects in a leader's temperament can cause serious disruption in the workplace and by Brown-Stewart (1987) who says that the contempt employees develop for leader arrogance is a significant barrier to excellence.

What is missing in the literature but present in the research findings is the remorse felt by leaders when they fail to meet their own standards of behavior. In the words of the CEO:

> I can pick more examples of times where I expressed myself with language or vehemence that didn't make me feel proud 20 minutes later, never mind the next day. So I would say the greatest disappointment in myself is a behavioral side. Personality being too intense, too reactive, too emotional in occasional circumstances. Again, I don't think that outburst achieved very much. It makes me feel small about myself.

There is a lot of prescriptive literature on leadership but not a lot about the leader-in-progress, that is, the concept that a leader can evolve through his own self-appraisal and commitment to continuous self-development, as these study findings show.

The reader has already been exposed to some perceived limitations of the VLM at the beginning of this discussion on Perfecting Excellence Technologies. Two kinds of limitations are evident: confusion over the difference between values and technology, and substantial evidence of overlap of the values in this theme with values in other themes.

The researcher suggests that this theme and attending values could be eliminated from the model and all of the evidence on one-to-one joint counciling and teaching stakeholders be subsumed under the values of caring, unity and team approaches. One final comment: this theme and the so-called values is prescriptive, the "how to" of leading. There is nothing new in this part of the model that hasn't been prescribed by countless other leadership authors. The call from the field is for a deeper kind of leadership, not the same thing couched in different words.

Theme 5. Results

Fairholm (1991) states that the Values Leadership Model is a developmental theory concerning the growth of the leader and all other stakeholders. The model seeks a dual result: enhanced capacities on the part of the stakeholders and high performance. Inherent in the results are the values of autonomy and productivity.

Autonomy and Productivity

The CEO says that the results of being open and honest can raise the level of freedom in a group but do not happen overnight. From his perspective:

> And you very often don't see that in the first battle. Very often, in the first battle a contentious conclusion is the conclusion. But then you start seeing a new level of interest in the downstream decisions. And invention is a new strategy which indicates we have buy-in. Some of the more subservient positions have been set aside. . . but as you get their minds focused on the problem and the alternatives rather than the defense, then you start co-opting their intellectual and moral interest in a better solution.

Commenting on his own development he says that he has become more tolerant over the years. When he was younger he used specific tasks and behavior as evidence of what was right or wrong but now he has a much broader understanding of the context and the wholeness of spiritual meaning as well.

One more noteworthy example of CEO development was his response to participating in this research study. As mentioned previously, the CEO comes from a highly religious rural background where self analysis is frowned upon. Yet he agreed to participate in what he knew was going to be a close encounter with self. Near the end of the interviews he said, "You might have found it easier too if you had found somebody who had spent a lot of time thinking through and

verbalizing in a more complete way, this self analysis." The researcher is quite certain that, as a result of participating in this study, the CEO developed a deeper awareness of himself.

The Hospital staff perspective contains many examples of the results of the CEO's leadership. A secretary's written comments to the CEO on her performance evaluation were, "Your constant support over the years have enabled me to grow, both in learning and confidence, and I thank you. Lessons learnt from you on special leadership and effectiveness will long be remembered. I feel privileged working in such a nurturing environment." A Vice President said, "I'm here because he's here, he's stimulating, a great entrepreneur. He's done more than anyone here to change culture, change attitudes. He's created the environment for my own professional growth." Another Vice President said the CEO is the very heart and soul of leadership, that is, he optimizes the capability of everyone to produce." This type of leadership can't be taught and if they think it can, maybe they are looking at the wrong thing." A director said, "I will always remember him. It is uniformly said there is not a hospital like this in the way it is run . . . whole bunch of intangibles . . . enthusiasm, we enjoy what we are doing here . . . there is a track record of achievement in spite of downsizing... We have the first surplus in eight years!" Another director said she is very comforted knowing they share the same values and he's the reason she has stayed in the job so long. Another secretary said, "Other bosses were just bosses. He was more than that; [the CEO] made me think about values because he acted them, not because he said so. He's had more impact on me than any other boss." A Vice President said, "He's taught me to see that not everyone is at my level. He's moved me to be more thoughtful, analyze, don't react quickly, be more sensitive. I've really learned from him, grown." And finally, the Clinical Nurse

Specialist says the CEO reminds him of who he wants to be. He's reminded every day in his clinical practice of the CEO's influence. "The CEO is the first one to say we haven't been doing a good job so I'm always looking for ways to improve my practice."

His peers also provide evidence of the results of the CEO's leadership. The Board Chairman said "[the CEO's] leadership, while we work through a difficult and complex environment has been, well, outstanding. I don't think I could have functioned effectively and probably would not have wanted to continue. And I think because of that there is a sense of confidence in us. I couldn't have asked for anything better." Peer CEO A said, "He's been extremely successful in incorporating his values. We're sorry to lose a person like him. I just don't know what I'm going to do . . . ." The Senior Executive, Provincial Health said, "He's been a tremendous asset to the province. The willingness to share information, to put things on the table . . . allows me to be very open with him. [The CEO] consistently brings forward a systems way of thinking - what is the overall impact on the system? He has had a major effect on me . . . who is prepared to be open, who demonstrates a lot of integrity and honesty, generates a new level of confidence for me. And when people in the department work with other staff from the Hospital they see [the CEO's] values in action -- he's had the opportunity to create this organizational culture -- more organizational character".

From the researcher's perspective, the two meetings reviewing the Guiding Principles provide some evidence of the results of the CEO's leadership. At the first meeting, a union member, know to be obstreperous, told the CEO she appreciated the opportunity to discuss the Principles and she expressed concern over his leaving. At the second meeting, when the CEO asked the group for their

opinion of the Guiding Principles, the first response was "we need a clone of the president." Another group member said the Principles have made a difference in how they treat each other, especially clerical staff: "I believe there is a direct relationship. Growth is stifled the lower you get in an organization. We're just there to work. But now I'm much more fulfilled." Another member said, "In our own lives we have values. The organization should be the same -- there should be a match . . . it makes me fell 100% better working here. It's the very first time I worked in a place where these were in place."

There was a dissenting voice in the second group. She said that in some departments it is politically unwise to raise a breach in the Principles. . . "does [the Hospital] really care about the staff? I'm proud to work here because of the patient care. But do they really care about the staff? How much can you say without jeopardizing your job? I need the job. But I'm disappointed in senior management. I'm saying more than I ever meant to say!" She is also the one who said to the CEO, "If we had heard that more often . . . the strong silence has been unbearable. I expected a high level of compassion from senior administration. To hear you care makes a difference." As mentioned previously, the CEO was visibly moved during these discussions: compassion was notable in his demeanor.

Interpretation

The interpretation is divided into three parts: the conclusions we can draw from the analysis, a reflection on relevant literature and a critique of the fifth part of the VLM.

The results of what happens when staff believe leadership is missing has been discussed in the interpretation section of the previous two themes.

The first surplus in eight years is a significant measure of improved productivity at the Hospital and has been attributed to the CEO's leadership. In addition, there is ample evidence from respondents across all perspectives that the CEO has changed the working lives of many Hospital staff and peers; they feel more confident, enjoy their work, have improved their own performance and want to continue working at the Hospital in spite of very difficult times.

There are findings in this study which support literature in the influence era. Specifically, French and Raven (1959), who identified five sources of power, claim that "referent power" is present when subordinates identify with, look up to, and wish to emulate the leader. There were many in this study who did just that.

The findings also support the precepts of transformational leadership. Bass (1990) suggests that transformational leadership performance results in the expansion and elevation of employee interests, increased awareness and acceptance of the purpose and mission of the group, and motivation of employees to look beyond their own self-interest for the good of the group. The evidence is also congruent with Burns (1978) who claims that the leader's fundamental act is to "induce people to be aware or conscious of what they feel; to feel their true needs so strongly, to define their values so meaningfully, that they can be moved to purposeful action" (p. 44). And finally, Selznick (1957) says, "A leader must infuse an organization with value beyond technical requirements. From the standpoint of a committed person, the organization is changed from an expendable tool into a valued tool of personal satisfaction" (p.17).

The findings of this study do not support the literature on situation leadership, wherein it is proposed that different leadership patterns will be effective in different situations (Fiedler, 1967; House, 1971). From all

perspectives, the consistency in the CEO's behavior in a wide variety of settings was striking.

This theme of the VLM seems to accommodate most of the available data. The researcher proposes, however, that these results could easily be discussed under the first three themes. If there is so much overlap in this and the previous theme, then it makes sense that the VLM could be streamlined to three themes rather than the present five.

Chapter Summary

This chapter analyzed and interpreted the findings presented in Chapter V. The Values Leadership Model (Fairholm 1991) was used to guide the analysis. The data were grouped, using Turner's (1981) model for developing grounded theory, within the five themes of the model: Leadership, Vision, Creating an Excellence Culture, Perfecting Excellence Technologies, and Results. Within each theme, the data from the perspectives of the CEO, Hospital staff, his peers and the researcher were compared and contrasted under 15 values: caring, excellence, stewardship, life, liberty, justice, unity and happiness, quality service, innovation, team approaches, counciling, teaching, autonomy, productivity. Then an interpretation was developed which included some judgements on the findings, a reflection on relevant literature and a critique of the VLM.

The analysis shows that the CEO uses his own personal values to guide his everyday working life and these values are clearly evident from the perspectives of the Hospital staff, his peers, and the researcher. The evidence is found in his words and actions and, overall, there is a high degree of congruence between his espoused values and his values-in-action. At times, the CEO displays an inordinate amount of anger and impatience which has caused him considerable anguish and has served to alienate and confuse some of his

associates. In addition, the effect of his leadership was diminished with the staff in lower levels of the organization. Some think that this is because of his short tenure as CEO and others because of his tendency to be a private person not given to chatting personally with regular staff.

When the findings are assessed according to the VLM (Fairholm, 1991), the values most evident and consistent across all perspectives in the working life of the CEO included excellence, stewardship, respect for life, quality service, innovation, teaching, one-to-one joint counciling, and productivity. The values that were less evident due to contradictory or limited evidence included caring, liberty, justice, unity, happiness, team approaches, and autonomy. Despite contradictory evidence presented by Hospital staff and peers, all were willing to allow the CEO latitude because he had demonstrated, in his three year tenure as CEO, significant personal growth and development in his leadership role. Others admitted they may have judged the CEO's apparently inconsistent behavior too harshly as they came to a greater understanding of their own behavior and development.

A significant difference in perspectives was noted between the CEO and respondents from all of the other perspectives regarding whether or not the CEO was a leader. The CEO did not view himself as a leader so much as a coach or facilitator who was "not in charge." He claims that he simply uses a problem-solving method in his approach to his work with a firm commitment to honesty in all of his relationships. Respondents from other perspectives confirm his commitment to honesty, but were able to describe his leadership ability as being far beyond that of problem-solving.

The research findings support the leadership literature in the following areas: those authors calling for a higher level of leadership in healthcare

(Harrison, 1987; Hassen, 1992; Zuckerman, 1989); and the authors who have contributed to the theory of transformation leadership (Bass, 1985a; Burns, 1978; Conger & Kanungo, 1987; Kouzes & Posner, 1987; Selznick, 1957).

The findings also provide support to the value-centered leadership literature. For example, Bennis and Nanus (1985) say leaders have a clear idea of what they want to do personally and professionally and persist in the face of setbacks. There is impressive evidence from respondents in the four perspectives to support this notion. In addition, England (1967) concludes, after studying the personal values of 1,000 managers, that values can be meaningfully measured. While the research did not measure values it did provide a meaningful interpretation of values.

The findings did not support the literature on situational leadership developed by Fiedler (1969) and House (1971). And there are some findings in the study not found in leadership literature and these include observations made by the researcher of the CEO's use of voice tone and body language to communicate his values.

A critique of the Values Leadership Model developed by Fairholm (1991) as it relates to the analysis of the findings of this study was also undertaken. While most of the study findings could be analyzed under the leadership, vision and results themes, it became increasingly difficult to analyze findings under creating an excellence culture and perfecting excellence technologies themes. Many overlaps began to occur. For example, data discussed under the leadership theme (caring and excellence) were repeated in the theme, creating an excellent culture (quality service). It was noted, however, that one behavior can have a number of different meanings. A concomitant problem with overlap occurred because Fairholm (1991) developed the first two themes and their attending

values from a philosophical or a system-of-beliefs point of view and then developed the last three themes from a prescriptive or "how to" point of view. The researcher had already used the "how to" in the study findings to provide evidence of those values-in-use in the first two themes. So overlap was inevitable as the researcher analyzed the last three themes.

One last observation was that the Model was not able to accommodate all of the study findings. Honesty, intelligence, empowering the leader (not just the follower), and body and voice expressions could not be discussed in a meaningful way within the structure of the Model.

CHAPTER VII

Conclusions and Recommendations

Introduction

The purpose of this chapter is to offer conclusions, or tentative hypotheses, which relate to the overall purpose of the study and to the specific research questions. This includes identifying areas in which further research could contribute to the central theme of the study.

The first section of this chapter is made up of this introduction; the second, a review of the methodology and procedures used by the researcher to conduct the study. The findings of the study and the researcher's inferences about the relationships found between the views of respondents from the various perspectives in the case are reviewed in the third section. The fourth section discusses the usefulness of the Values Leadership Model. The chapter concludes with implications for hospital leaders and recommendations for further research.

There is a genuine clarion call from many who occupy positions of influence in hospitals for a higher level of leadership. Higher level leadership refers to: self knowledge and understanding (Harrison, 1987); visionary, passionate, transforming leadership (Hassen, 1992); and *someone* capable of reaching inside people to discover commonly held values, and then binding them together to a unified purpose (Beckman, 1991). Hospitals need this type of leadership because of the value laden nurture of their business: to care for the sick and wounded and relieve suffering (Vladek, 1992).

This type of leadership faces enormous obstacles considering most hospitals have adopted the business values of hierarchy, competition, and

efficiency. Yet, the call persists. The possibility that there might be someone in the hospital community practicing a higher level leadership of the kind called for in the literature provided the impetus to undertake this study.

The purpose of this study was to seek out an individual considered to be a higher level leader in a hospital, determine his personal values and the extent to which they entered into his everyday leadership activities, and to then discern the influence of these values on him and those with whom he worked. For hospitals to survive in these turbulent times, and to provide staff with a beacon of hope and an effective form of guidance, the leader's values, spiritual and otherwise, must serve as the organizing principle for action (Kranz, 1990).

This study was based on the premise that the investigation of a hospital CEO's values using a case study design would enable the researcher to first describe and then interpret the values and their influence on the working lives of the CEO and others, and then to suggest ways in which personal values may be incorporated into hospital leadership.

Review of the Methodology and Procedures

Human science aims at explicating the *meaning* of human phenomena to gain understanding and insight; accordingly, a reasonable method for research involves description, interpretation and self-reflective or critical analysis (Van Manen, 1990). Thus, the researcher chose the interpretive case study as the research design. In interpretive research, actions, events, and perspectives are interpreted through the eyes of those in the situation being investigated; there is a commitment to seeing the world through their eyes. A case study was chosen as a preferred strategy because the focus of the research was on a contemporary phenomenon within a real-life context (Yin, 1981). Every effort was made by the researcher to ensure that the methodology employed in this study met the

criteria developed by Sherman and Webb (1988) and cited previously in Chapter IV:

- qualitative researchers immerse themselves in the research setting;
- the context of inquiry is natural, not contrived or predefined;
- the research is carried out using an interactive process such that the persons studied teach the researchers about their lives;
- the researcher attends to the experience as a whole, not as separate variables. Multiple realities are acknowledged and studied holistically.

The research strategies chosen were in-depth interviews, limited observation sessions and document analysis. A series of arranged but informal in-depth interviews (see Appendix A) was undertaken with the CEO using a non-standardized, unstructured approach suggested by Bogdan and Biklen (1982). Interviews with the Hospital staff and CEO's peers (see Appendix A) were semi-structured since one of the purposes of these interviews was to compare data across all subjects. Limited observation techniques were used during a succession of gatherings and meetings held between the CEO and others (see Appendix C). The researcher observed, took notes, asked questions and built a relationship of trust with the CEO. Particular attention was paid to the CEO's non-verbal behavior including vocal variety (pace, pitch, pause, inflection, volume, emphasis, modulation, projection) and body posture. Document analysis included a broad array of historical documents, media reports and letters either written by the CEO or written by someone else but including verbatims attributed to him (see Appendix B). The documents were related to events, activities, problems and achievements of the CEO, the Hospital staff, and others concerned with the Hospital.

Over a three-month period the researcher was present daily in the Hospital and conducted sixteen tape recorded or documented interviews (see Appendix

A), attended ten limited observation sessions (see Appendix C) and analyzed over twenty documents (see Appendix B). The interviews began with the CEO and were followed by interviews with those thought to be well-informed, prominent or influential. Interviews continued to be scheduled until it was clear that the information gleaned was becoming increasingly redundant. During every interview, the subjects were asked to clarify their interpretation or meaning of events or behaviors so as to accurately reflect their views during the analysis and interpretation of the study findings. Following the interviews, if information was incomplete, puzzling or unclear to the researcher, respondents were asked to review the interview notes.

The limited observation sessions were conducted using a *shadowing* technique. The researcher, with advice from the CEO and other staff, attended informal gatherings or meetings to observe, listen and speak when necessary. Some of the gatherings were spontaneous while others were planned in advance. Sessions ranged in length from 20 minutes to one and one half hours. They occurred in places such as the CEO's office, the Hospital boardroom, the Hospital auditorium, and selected meeting rooms.

Since the executive secretary had access to almost all of the CEO's written records, most of the written material was provided by her. The researcher requested certain documents, while the executive secretary and a few other office staff suggested other documents for analysis. The documents, including letters, announcements, newspaper clippings, and internal documents, were reviewed in the field and then copied for subsequent analysis.

After the data had been gathered, the researcher immersed herself in the reflective and arduous process of data coding and categorization over an eight month period. A decision was made to use the Values Leadership Model as a

conceptual structure for coding and analysis because, among other things, it combined values and leadership into a unified whole, a unique concept in the literature, and the model contained the two major elements of this study. Other methods of categorization, or thematic development, were tried but found to be unsuitable.

Using Turner's (1981) stages of development for grounded theory as a guideline, the researcher coded the data from the three sources into one of the five themes of the model. Supporting, dissenting, and missing data were analyzed within each theme and meanings from the four perspectives were discussed and then linked with the relevant literature.

Throughout this period, the researcher was guided by her thesis supervisor during a series of meetings and telephone conferences. In addition, qualified and interested peers within the graduate program provided additional insights into the handling of the data and enabled the researcher to view the data from a broader perspective.

Study Findings

The overall purpose of this study was to examine the extent to which the values held by the CEO contribute to his leadership. The interpretations in Chapter VI directly addresses this purpose. Based on that interpretation, which provided substantial evidence, using the Values Leadership Model (Fairholm, 1991), that the CEO's values are alive in his everyday work activities, the researcher concludes that the Hospital CEO's values contribute significantly to his everyday leadership activities.

While this conclusion is supported by the data analysis in Chapter VI, it must be noted that it is based on data collected at a particular time. It is possible that, had the research taken place three years earlier, in the early days of the

CEO's tenure, the results may have been different. One might anticipate this because all those interviewed, including the CEO, acknowledged the remarkable change in the behavior of the CEO as he grew in his leadership role.

The study sought to answer seven specific research questions: (1) What are the sources of the CEO's values? (2) What values are considered by him and others to be the most important in his role as leader? (3) What process is used to incorporate the values into his role as leader? (4) In situations where values conflict, how does the CEO "know" what to do? (5) What factors or forces are currently acting to constrain or support the application of values? (6) From the point of view of the CEO, key staff members and peers, how successfully does the CEO incorporate his values into everyday leadership activities? and (7) What inferences can be drawn with respect to the nature of the relationship between the values held by the CEO and his leadership? The findings associated with each of these questions are summarized below.

Source of CEO Values

A strongly religious, rural background contributed to the development of the CEO's values. Honesty, integrity, and sincerity were part of that culture as was "do unto others as you would have them do unto you." Another important source of his values, in terms of his academic development, came from a few challenging teachers and administrators. He's not sure if his values are changing now or just mellowing but his wife has a tremendous influence in his life to the extent that he is willing to give up a prescriptive, authoritative, method of interacting with others in favor of more supportive, malleable relationships.

Important Values in the CEO's Leadership

Using the categories of the Values Leadership Model (Fairholm, 1991), the values most evident in the CEO's leadership include: excellence,

stewardship, respect for life, quality service, innovation, teaching, one-to-one counciling, and productivity. The values were thought to be an important part of his leadership by the CEO, the Hospital staff, the CEO's peers and the researcher. There was no contrary or missing evidence in the findings to diminish the researcher's confidence in this conclusion.

The values less evident, but still important, in the CEO's leadership include: caring, liberty, justice, unity, happiness, team approaches, and autonomy. They remain important because, in spite of contrary or limited evidence of these values in his leadership activities, all respondents derived a great deal of satisfaction in watching the CEO develop and grow in his position.

The researcher would like to acknowledge that, had the Values Leadership Model not been used, honesty, integrity, vision, compassion, self-development and intelligence would have surfaced as the most pronounced values across all of the perspectives. This is discussed later in a critique of the Model.

Process Used to Incorporate Values

The most notable process used to inculcate the CEO's values into his leadership activities was the development, implementation, and review of the Hospital Guiding Principles. Most of the respondents consider him to be the author of the Principles and that he lives them daily.

Another important process was scheduling meetings, at his initiative, with neighboring hospitals and the Government. During these meetings, he consistently focused discussions on the big picture, away from parochial interests. He also shared information never before made available to them. The Hospital had a reputation for being the panjandrum of the healthcare industry and this process assuaged that impression.

A final process used by the CEO to incorporate values into his everyday working life was that of a "wrestle of the soul." The desire to do the right thing compelled him, at times, to undergo intense personal deliberation to arrive at a satisfactory solution.

Values in Conflict: "Knowing" What To Do

When asked how he "knew" he was doing the right thing when his values were in conflict, the CEO answered, with some impatience and irritation, that he doesn't "know"; it just is. There was an abrupt end to that discussion. However, later on, he described how, when a dilemma presents itself, he worries, becomes preoccupied with a deluge of ideas, rather than a list of priorities. During those difficult times, he seeks more information and consults with others and, over time, the "knowing" what to do emerges. He says that, whatever problem, challenge, or opportunity comes his way, he does the "best he can" to handle it. It's that simple.

Factors Influencing Application of Values

The most important factor or force supporting the application of the CEO's values in his leadership activities is the unity that exists between the values of the CEO and those of the staff and peers. The respondents were unanimous in their views that the CEO's values were congruent with their own, resulting in a feeling of security, stability and enthusiasm. Some claimed they had different objectives but their values were the same. Because of the unanimity, time was not wasted worrying or arguing over issues. On the contrary, it left time to discuss some very stimulating topics.

Another important force was the immense respect the respondents had for the CEO; for his capabilities as a physician, his impressive intelligence, his willingness to learn, his honesty and integrity (the match between what he says

and what he does) and the compassion he demonstrated to those who suffered or were unable to help themselves.

Some factors constraining the application of the CEO's values include the CEO's short tenure (three years) in his position. In an organization with more than 5,000 employees, many respondents believed there had not been enough time for his influence to be felt by most of the Hospital staff. People need to see the leader-in-action for themselves. Another factor was what some respondents believed to be the CEO's private nature, a reluctance to disseminate his social skills beyond a select few. A final factor was the CEO's display of impatience, anger or excessively high standards which had the effect of creating a distance between the CEO and others, resulting in resentment, embarrassment, and/or humiliation.

Success in Incorporating Values into CEO Leadership

From the perspectives of the Hospital staff, peers and the researcher, the CEO was successful in incorporating his values into everyday leadership activities. Remember that the CEO does not think about values or about leadership *per se*; he thinks about the challenge at hand or what is the next opportunity. He is considered to be a successful leader because of his values. The absence of these values could have significantly reduced the possibility of successful leadership.

Success was manifested in the satisfaction the CEO derived in his work as President of the Hospital. Although the CEO did not disclose in interviews that he enjoyed his job, it was evident in the perspectives of the respondents and the researcher. One respondent said it gave him great pleasure to see the CEO enjoying his work. His passion for medicine and his liberal and easy use of

humor was infectious and created an enthusiastic and optimistic work environment for many.

Success, from the respondent's perspectives and within the framework of the Values Leadership Model, is defined as a Hospital that had achieved its first surplus in eight years (ie. productive), and staff and peers whose capability to produce has been optimized (ie. autonomous). A thick description of the success is included in the Results theme in Chapter VI.

The CEO said that, in the case where a secretary was dismissed, she never came back. . . his eyes had a distant, sad look and his voice drifted off. We had been discussing situations in which he might handle things differently. He likely had some regrets about this situation; it was one in which he felt an unsuccessful application of values. In addition, the lack of insight into how his values and leadership impact upon those with whom he associates may have limited the extent to which the CEO was successful in incorporating his values into his leadership activities.

Inferences Pertaining to the Nature of the Relationship Between CEO Values and his Leadership

The most general working hypothesis that can be supported by the research reported in this document is that the personal values of the Hospital CEO are vital to his leadership. Using the Values Leadership Model (Fairholm, 1991) as a guide for bringing his values into clear focus for the reader, the researcher was able to provide ample evidence from the perspectives of the Hospital staff and the CEO's peers that his values were easily discerned and they determined the actions he took in his everyday leadership activities.

There are several more specific working hypotheses that could form the basis of further research. One such hypothesis concerns the CEO's commitment

to life-long learning as described in Chapter VI under the Excellence value. It is the experience of growth that has transformed him from being an authoritarian leader to being a coach or guide. Transformation refers, in part, to transcending our own self-interest for the sake of the team, organization or polity (Bass, 1985). The transformation of the leader is an important finding in this research and yet the leadership literature is scant on this topic. Stated as an hypothesis:

> *Leadership success is dependent on the extent to which leaders learn from their experience and undergo their own personal transformation.*

Another specific working hypothesis relates to the degree to which the leader's values are congruent with the followers. In this study, we saw how well known the Guiding Principles were in the Hospital, but the actions of the CEO associated with the Guiding Principles were seen by only a fraction of the staff. For those in close association with the CEO his leadership was considered to be very successful, but many felt most of the Hospital staff did not know or appreciate his leadership. Stated as an hypothesis:

> *Values can contribute significantly to Hospital leadership when they are written and disseminated widely, and staff can discuss them with the leader.*

And finally, this working hypothesis relates to the difference between the CEO's perspectives and the perspective of his co-workers relating to the question: is the CEO a leader? The CEO said he was a problem solver while the Hospital staff and peers said they had not worked with anyone so obviously a leader. "Reading the leader is a common pastime. And whether or not the leader knows what symbols he is focusing on, chances are his followers do" (Fairholm, 1991, p.117). Stated as an hypothesis:

The extent to which values contribute to a CEO's leadership is defined by those with whom the CEO works.

Usefulness of the Values Leadership Model

The researcher found the Values Leadership Model (Fairholm, 1991) to be of limited use for categorizing and analyzing the research data. As stated previously, after the third theme it was apparent that overlap was creating unacceptable redundancies and the Model did not allow for a true representation of some of the values which emerged in the data such as honesty, intelligence, and the expression of values through voice tone and body language. The Model is unique in the leadership literature, however, and is an important beginning.

Given the opportunity to undertake similar research, the researcher would use one of two alternatives: if the Hospital already has a written document defining leadership and values, such as the Guiding Principles, the researcher would use it as a framework to analyze and interpret data; or, where there is no written documentation, the researcher would use Turner's (1981) guidelines for developing categories and themes to allow the data to be more faithfully represented. As a result of this research experience, the researcher would have more confidence to use such a strategy in future studies.

Implications for Hospital Leaders

The findings of this study are in accord with the position stated by Zuckerman (1989, p. 36) that:

> Health care organizations are first and foremost public service organizations, accountable to society in general and the communities they serve in particular. No organization can sacrifice its basic values and remain viable over time.

The problematic task that faces hospital leaders and those who teach hospital administration is as follows: (1) to identify the nature of the existing relationship

between the values of the Hospital CEO and his or her leadership, (2) to identify the desired values necessary to lead a Hospital, (3) to appoint a Hospital CEO (or President) appropriate to the desired values (in the present study these were the Hospital's Guiding Principles), and (4) to design educational experiences that would focus a student's attention on their own values and how they affect others, and on the notion of value-infused leadership.

In this context, hospital administrators may wish to consider the Guiding Principles (see Appendix D) as a starting point for developing value-based leadership and involve staff, peers, students and others in developing, implementing, and monitoring their own set of values.

Recommendations for Further Research

This is the first study known to the researcher to have inquired into the nature of the relationship between a Hospital CEO's values and his leadership activities. It is also the first study known to have used the Values Leadership Model (Fairholm, 1991) as an organizing framework for a qualitative study of the kind undertaken by the researcher. Consequently, the opportunities for further research are numerous. The following research questions are recommended to provide further insights into how values influence the leadership activities of Hospital CEOs :

- What is the nature of the relationship between a Hospital CEO's values, as evidenced in one institutional context, and his or her leadership in another hospital where nothing is known about the CEO?

- Are the values identified in this study present among Hospital CEOs of other Hospitals?

- What inferences can be drawn about voice tone and body language and its relationship to leadership?

- To what extent does "transformation of self" contribute to leadership?
- How do followers establish that they are in the presence of a leader?

The findings emanating from this research provide further insights into the nature of the relationship between a CEO's values and his leadership activities. The values approach used in this study may have illuminated an aspect of leadership not previously emphasized in hospital organizations. In the future, researchers investigating leadership from a values perspective may wish to investigate how hospital leaders, by living their values, contribute to the success of their leadership and, thus, their organizations.

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Appendix A

DATA SOURCE NUMBER ONE

INTERVIEWS

CEO Interviews

Three interviews with the CEO of the Hospital under study

The Hospital Staff

Secretary A

Director A

Director B

Director C

Secretary B

Vice-President A

Clinical Nurse Specialist

Vice-President B

Vice-President C

The CEO's Peers

Chairman, Hospital

Peer CEO A

Senior Executive, Provincial Health

Peer CEO B

Appendix B

DATA SOURCE NUMBER TWO

WRITTEN MATERIAL

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1. **Bulletin, Town Hall Meeting**
2. **HOSPITAL NEWS RELEASE**
3. **Local newspaper, MINISTER WANTS HEALTH CARE SHIFT**
4. **Local newspaper, ANNOUNCEMENT, APPOINTMENT OF A NEW PRESIDENT**
5. **HOSPITAL PUBLICATION: President's Task Force Completes Study**
6. **Hospital Guiding Principles, June, 1991**
7. **Institutional Priorities for the next five months**
8. **Search for President and CEO: Candidate Criteria**
9. **Performance Review, Executive Secretary**
10. **Memo: Patient Complaints**
11. **Letters of Complaint (3)**
12. **Letters of Commendation (8)**

Appendix C

DATA SOURCE NUMBER THREE

LIMITED OBSERVATION SESSIONS

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1. **Meeting with Southeast Asian Ministers of Education Organization**
2. **Meeting with Director of Nursing re: death of a staff member**
3. **Hospital-wide Forum to review implementation of a computer system**
4. **Ladies Auxiliary Luncheon**
5. **Hospital Board Meeting**
6. **Meeting with Acute Care Funding Committee**
7. **Guiding Principles Review with Unions**
8. **Hospital Senior Executive Meeting**
9. **Medical Advisory Committee Meeting**
10. **Guiding Principles Review with Materiel Management**

Appendix D

THE HOSPITAL GUIDING PRINCIPLES

OUR UNIVERSITY HEALTH CARE CENTER EXPRESSES LEADERSHIP BY:

PROVIDING	*exemplary personal health care; compassionate, advanced and effective*
CULTIVATING	*an atmosphere of trust, respect and dignity in all our relationships*
NURTURING	*staff to achieve their best*
FOSTERING	*safety and environmental responsibility*
DEVELOPING	*outstanding students for the future*
PROMOTING	*innovative research, evaluation and continuous improvement of all our activities*
SHARING	*expertise and resources within our organization and with the communities we serve*